Ryan White Title I Service Delivery Policies Fiscal Year 2005-06 (Year 15)

Miami-Dade County
Office of Strategic Business Management

Effective March 1, 2005

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RYAN WHITE TITLE I PROGRAM SERVICE DEFINITIONS
FY 2005-06 (YEAR 15)

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Ryan White Title I
Service Delivery Policies
Fiscal Year 2005-06
(Year 15)

Section I –
Service Definitions

Miami-Dade County
Office of Strategic Business Management

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OUTPATIENT MEDICAL CARE
(Year 15 Service Priority #1)

This service category includes **Primary Care** and **Outpatient Specialty Care** required for the treatment of individuals infected with the HIV virus.

I. Primary Care

General management of acute and chronic medical conditions or prevention of such conditions through initial visit and intake, complete history and physical examination, lab tests necessary for evaluation and treatment, nutritional counseling, immunizations, follow-up visits and maintenance, appointments as indicated on the basis of clinical status, and referrals to other medical specialists as necessary. Respiratory therapy needed as a result of HIV infection may be provided as part of primary care services. This service area also includes assistance for the purchase of consumable medical supplies that are not available through the categories of home health care or prescription drugs and that have been prescribed or ordered by a physician. Treatments offered by specialty care providers are described under Outpatient Specialty Care services.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. Program Operation Requirements: To focus on timely/early medical intervention and continuous health care and disease care over time, as patient conditions progress. Primary care services may be provided by outpatient hospital clinics, neighborhood health centers, migrant or homeless clinics, private not-for-profit health centers, HMOs, pediatricians, and OB/GYN or private physicians.

Providers of primary care services will be expected to offer and post walk-in hours to ensure maximum accessibility to outpatient medical care.

Providers of primary care services will be expected to offer basic education to clients on various treatment options, including information about state of the art combination drug therapies. Primary care providers will be expected to educate clients on the importance of complying with their medication regimen with the objective of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client. Primary care providers are expected to encourage clients to take medications as prescribed and follow the recommendations made by physicians, nutritionists, and therapists regarding medication management. Frequent contact must be maintained with other caregivers (i.e., the client's case manager, nutritionist, home health care nurse, outpatient specialty care physician, pharmacist, counselor, etc.) and with the client in

order to monitor that he/she adheres to his/her medication schedule. In addition, primary care providers must ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives.

Primary care providers will also be expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and must ensure that immediate follow-up is available for clients who miss their prescription refills and/or who experience difficulties with adherence. Primary care providers must assist clients with becoming knowledgeable about HIV/AIDS and with gaining greater understanding of CD4 counts, viral load, adherence, and resistance concepts. It is also expected that primary care providers will help clients understand the reason for treatment; will help identify and address the possible factors affecting adherence; will help the client to successfully run trials with colored candies or other similar methods, if needed; and will help the client understand his/her treatment schedule.

Special emphasis is placed on low-income uninsured persons, especially women, including non-pregnant women, migrant farm workers, adolescents, and homeless individuals.

Providers should demonstrate a history and capacity to serve Medicaid eligible clients.

Providers of outpatient primary care services are required to identify a single point of contact for case management and outside agencies who have a client's signed consent and require information.

Providers or identified key direct service staff are required to have a minimum of three (3) years of experience treating HIV patients or to have served a high volume of HIV patients in the past.

Providers are required to provide nutritional counseling as part of primary care services.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses,* the *Ryan White Title I System-wide Standards of Care* and the *Minimum Primary Medical Care Standards for Chart Review.* (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed for outpatient primary care services as follows:

- Reimbursements for medical procedures and follow-up contacts to ensure clients' adherence to prescribed treatment plans will be based on rates found in the Year 2005 Medicare Part B Physician and Non-Physician Practitioner Fee Schedule (Participating, Locality 04), dated November 18, 2004.

- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare "allowable" rates times a multiplier of up to 1.5.

- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the Calendar Year 2005 Medicare Clinical Diagnostic Laboratory Fee Schedule, dated November 16, 2004.

- Reimbursements for injectables will be based on rates no higher than those found in the January 2005 Payment Allowance Limits for Medicare Part B Drugs fee schedule.

- Reimbursement for consumable medical supplies will be based on rates no higher than those found in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 Fee Schedule, revised February 14, 2005. In the absence of an existing Medicare rate, reimbursement for consumable medical supplies will be based on rates no higher than those found in the Florida Medicaid's Durable Medical Equipment for All Medicaid Recipients Fee Schedule (corrected file dated February 2, 2005).

- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for consumable medical supplies.

NOTE: The rates listed in the Medicare Fee Schedules are Medicare "allowable" rates. If a procedure has more than one allowable rate listed in the corresponding Fee Schedule, then the lowest rate will be used.

Additional rules for reimbursement:

- Medical procedures and consumable medical supplies excluded from the Medicare Fee Schedules may be provided on a supplementary schedule. A flat rate along with a detailed cost justification for each supplemental procedure must be included in the provider's submission to the County.

- Ryan White Title I will not reimburse providers for TB screening or follow-up treatment if the client is eligible to receive these services from any other funding source.

d. **Units of Service for Reporting:** Providers must report monthly activity according to the recorded number of client visits and unduplicated number of clients served.

Provider monthly reports for consumable medical supplies must include the number of patients served, medical supply distributions per patient, and dollar amounts per patient. Providers must also submit to the County a list of the medical supplies that will be available to the HIV+ client. This list must identify each medical supply item using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate as defined in Section C above. Providers may submit a supplemental list for items that are not identified by Medicare first, or by Medicaid second.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded primary care services have a household income that does not exceed 300% of the Federal Poverty Level and are permanent residents of Miami-Dade County. Clients receiving primary care services must be documented as having been properly screened for Medicaid, Medicaid Waiver, Medicare, and other public sector funding (i.e., the Medically Needy Program) as appropriate. While clients qualify for and can access Medicaid, Medicaid Waiver, Medicare, or other public sector funding for primary care services, they will not be eligible for Ryan White Title I funding for these services, except for those diagnostic tests and/or medical procedures excluded by Medicaid, Medicare and other funding sources.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

II. *Outpatient Specialty Care*

This service covers short-term ambulatory treatment of specialty medical conditions and associated diagnostic procedures for HIV+ clients, based upon referral from a primary care provider. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, optometry, ophthalmology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, occupational therapy, speech therapy, respiratory therapy, developmental assessment and psychiatry. This service area also includes assistance for the purchase of consumable medical supplies that are not available through the categories of home health care or prescription drugs and that have been prescribed or ordered by a physician. *Note: primary care provided to persons with HIV disease is not considered specialty care. Providers must offer access to a range of specialty services.*

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Proposed programs should target low-income uninsured persons, especially women, children, and homeless individuals. Special emphasis is placed on programs offering ophthalmic care and programs offering gynecological services to non-pregnant women.

Providers of outpatient specialty care services will be expected to offer and post walk-in hours to ensure maximum accessibility to outpatient medical care.

Providers of outpatient specialty care services will be expected to offer basic education to clients on various treatment options as it pertains to the specialty service being utilized. Outpatient specialty care providers will be expected to educate clients on the importance of complying with their medication regimen with the objective of reducing the risk of developing further complications and spreading a resistant virus, and to ensure a healthy life for the client. Outpatient specialty care providers are expected to encourage clients to take medications pertaining to specialty care treatment as well as treatment recommendations made by the primary care physician. Frequent contact should be maintained with the primary care physician for results, follow-up and/or re-evaluation, as well as other caregivers (i.e., the client's case manager, nutritionist, home health care nurse, primary care physician, pharmacist, counselor, etc.) and with the client in order to monitor that he/she adheres to his/her medication schedule and other recommendations.

Outpatient specialty care providers will also be expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and must ensure that immediate follow-up is available for clients who miss their prescription refills and/or who experience difficulties with adherence in regards to the specialty care service provided. Outpatient specialty care providers must assist clients with becoming knowledgeable about HIV/AIDS and its relationship to the specialty care service being provided. It is also expected that outpatient specialty care providers will help clients understand the reason for specialty care treatment and will help identify and address the possible factors affecting adherence to recommendations.

Providers of outpatient specialty care services are required to identify a single point of contact for case management and outside agencies who have a client's signed consent and require information.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Public Health Service Clinical Guidelines for the Treatment of AIDS Specific Illnesses*, the *Ryan White Title I System-wide Standards of Care*, the *Minimum Primary Medical Care Standards for Chart Review* and the appropriate guidelines for specialty care service area. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed for outpatient specialty care services as follows:

- Reimbursements for medical procedures and follow-up contacts to ensure clients' adherence to prescribed treatment plans will be based on rates found in the Year 2005 Medicare Part B Physician and Non-Physician Practitioner Fee Schedule (Participating, Locality 04), dated November 18, 2004.

- Evaluation and management visits and psychiatric visits will be reimbursed at rates no higher than the Medicare "allowable" rates times a multiplier of up to 1.5.

- Reimbursements for lab tests and related procedures will be based on rates no higher than those found in the Calendar Year 2005 Medicare Clinical Diagnostic Laboratory Fee Schedule, dated November 16, 2004.

- Reimbursements for injectables will be based on rates no higher than those found in the January 2005 Payment Allowance Limits for Medicare Part B Drugs fee schedule.

- Reimbursement for consumable medical supplies will be based on rates no higher than those found in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 Fee Schedule, revised February 14, 2005. In the absence of an existing Medicare rate, reimbursement for consumable medical supplies will be based on rates no higher than those found in the Florida Medicaid's Durable Medical Equipment for All Medicaid Recipients Fee Schedule (corrected file dated February 2, 2005).

- No multiplier will be applied to reimbursement rates for laboratory tests and related procedures, for non-evaluation and management procedures, for injectables, or for consumable medical supplies.

NOTE: The rates listed in the Medicare Fee Schedules are Medicare "allowable" rates. If a procedure has more than one allowable rate listed in the corresponding Fee Schedule, then the lowest rate will be used.

Additional rules for reimbursement:

- Medical procedures and consumable medical supplies excluded from the Medicare Fee Schedules may be provided on a supplementary schedule. A flat rate along with a detailed cost justification for each supplemental procedure must be included in the provider's submission to the County.

- Ryan White Title I will not reimburse providers for TB screening or follow-up treatment if the client is eligible to receive these services from any other funding source.

d. **Units of Service for Reporting:** Providers must report monthly activity according to the recorded number of client visits and unduplicated number of clients served.

Provider monthly reports for consumable medical supplies must include the number of patients served, medical supply distributions per patient, and dollar amounts per patient. Providers must also submit to the County a list of the medical supplies that will be available to the HIV+ client. This list must identify each medical supply item using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate as defined in Section C above. Providers may submit a supplemental list for items that are not identified by Medicare first, or by Medicaid second.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded outpatient specialty care have a Ryan White Title I Certified Referral or documentation that the clients: (1) are permanent residents of Miami-Dade County; and (2) have a household income that does not exceed 300% of the Federal Poverty Level. In order to receive outpatient specialty care services, clients must have a physician's referral indicating a recent medical history. Clients receiving outpatient specialty care must also be documented as having been properly screened for Medicaid, Medicare, or other public sector funding as appropriate. While clients qualify for and can access Medicaid or other public sector funding for outpatient specialty services, they will not be eligible for Ryan White Title I funding for these services, except for those diagnostic tests and/or medical procedures excluded by Medicaid, Medicare, and other funding sources.

Specialty care providers may request additional medical information or tests as necessary for treatment, as well as medical information relevant to the specialty referral.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

g. **Minority AIDS Initiative (MAI):** Funding is also available under the MAI for outpatient medical care (primary & specialty care) services. MAI outpatient medical care services are identical to standard Title I funded outpatient medical care services, except that MAI outpatient medical care services provide culturally sensitive services that target minority communities exclusively.

Title I MAI funds are designated to reduce the HIV related health disparities and improve the health outcomes for HIV infected minorities such as Black/African-Americans (including Haitians), Hispanics, Native Americans, etc. The over-arching purpose of the MAI Initiative is to achieve 100% access to quality care and 0% disparity in health outcomes.

Special consideration will be given to providers who qualify as "Minority Community Based Organizations" by:

1) Having more than 50% of positions on the executive board or governing body filled by persons of the racial/ethnic minority group(s) to be served;

AND

2) Having more than 50% of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50% of key service provision positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by persons of the racial/ethnic population(s) to be served.

In addition, per Federal requirements, organizations funded to provide MAI services **MUST** meet the following criteria:

1) Are located in or near to the targeted community they are intending to serve;

2) Have a documented history of providing services to the targeted community(ies) to be served;

3) Have documented linkages to the targeted populations (not just to other service providers), so that they can help close the gap in access to service for highly impacted communities of color; and

4) Provide services in a manner that is culturally and linguistically appropriate.

Providers must clearly specify the target population(s) to be served [i.e., Black/African-American (including Haitians), Hispanic, Native Americans, etc.]. If more than one racial/ethnic group is targeted, the percentage that each group will represent of the total number of clients to be served must be identified.

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PRESCRIPTION DRUGS
(Year 15 Service Priority #2)

This service includes the provision of injectable and non-injectable Prescription Drugs, pediatric formulations, and non-prescription nutritional supplements, appetite stimulants, and/or related supplies prescribed or ordered by a physician to prolong life, improve health, or prevent deterioration of health for HIV+ persons who do not have prescription drug coverage and who are ineligible for Medicaid or other public sector funding. This service area also includes assistance for the acquisition of non-Medicaid reimbursable drugs, as well as the purchase of consumable medical supplies that are required to administer prescribed medications.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Providers are required to provide County-wide delivery, and must specify provisions for home delivery of medications and related supplies and equipment for eligible Title I clients who require this service.

Contracts will further stipulate that the provision of this service may not be limited to an agency's own clients, that the service provider must be linked to an existing case management system through agreements with multiple case management providers, that a Title I Certified Referral Form for Prescription Drugs Services and a Title I Intake Form must be completed by a case manager and must be attached to the prescription presented by the client or a designee. The Certified Referral Form must include a client ID number traceable to the case management agency initiating the referral and a client CIS number assigned by the Title I Service Delivery Information System. This case management agency would be responsible for collecting and reporting all required documentation and demographic information. Providers will be contractually required to enter into formal referral agreements that will detail responsibilities of both parties and penalties for not complying with the referral agreement.

Providers of prescription drugs services will be expected to educate clients on the importance of complying with their medication regimen with the objectives of reducing the risk of developing and spreading a resistant virus, and to ensure a healthy life for the client. In addition, providers of prescription drugs will be expected to offer basic education to clients on various treatment options, including information about state of the art combination drug therapies. Furthermore, clients must be encouraged to take medications as prescribed, as well as to follow the recommendations made by physicians, nutritionists, and therapists regarding medication management. Frequent contact must be maintained with other caregivers

(i.e., the client's case manager, physician, nutritionist, home health care nurse, counselor, etc.) and with the client in order to monitor that he/she adheres to his/her medication schedule and ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives. Additionally, prescription drugs providers will be expected to immediately inform case managers when clients are not meeting their medication regimen (i.e., the client misses prescription refills or is having any other difficulties with adhering to the prescribed treatment).

Providers of prescription drugs services will also be expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and must ensure that immediate follow-up is available for clients who miss their prescription refills and/or who experience difficulties with adherence. Prescription drugs providers must ensure that the client understands adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors affecting adherence; successfully runs trials with colored candies or other similar methods, if needed; and, understands their treatment schedule.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Due to anticipated changes in State law that will directly impact the drug pricing structure utilized by the County for the provision of this service, providers are required to develop and propose two (2) different unit costs for this service, utilizing the following methodologies:

NOTE: THE CURRENT REIMBURSEMENT STRUCTURE IS BASED ON AWP PRICING. PROVIDERS WILL BE NOTIFIED IN WRITING WHEN THE REIMBURSEMENT STRUCTURE IS CHANGED TO PHS PRICING.

1) Providers will be reimbursed for prescription drugs, including protease inhibitors, based on the Average Wholesale Price (AWP) of the prescription provided to the Title I patient, minus a per-prescription discount rate. Total costs should include the cost of home delivery. Providers must stipulate the discount rate that they will be subtracting from the AWP, which may not be less than 7%. Please note that providers may utilize a discount rate higher than 7% (i.e., AWP - 10%). (For example, if the AWP of a prescription for Indinavir is $100, and your proposed discount rate is 10%, then the straight rate is equal to $90.00.) An estimate of

the number of patients (unduplicated caseload) expected to receive these services must be included on the price form.

2) Providers will be reimbursed for prescription drugs, including protease inhibitors, based on the Public Health Services (PHS) price of the prescription provided to the Title I patient, plus a flat dispensing fee. Total costs should include the cost of home delivery and other direct costs associated with the provision of this service. Providers must stipulate a flat rate that will be added to the PHS price. (For example, if the PHS of a prescription for Indinavir is $50, and your proposed flat rate is $5.00 then the straight rate is equal to $55.00.) An estimate of the number of patients (unduplicated caseload) expected to receive these services must be included on the price form.

Providers will be reimbursed for consumable medical supplies based on rates not to exceed the rates listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 Fee Schedule, revised February 14, 2005. In the absence of an existing Medicare rate, reimbursement for consumable medical supplies will be based on rates not to exceed those listed in the Florida Medicaid's Durable Medical Equipment for All Medicaid Recipients Fee Schedule (corrected file dated February 2, 2005). No multiplier will be applied to Medicare or Medicaid rates for consumable medical supplies. Consumable medical supplies excluded from Medicare and Medicaid may be provided on a supplementary schedule.

d. **Units of Service for Reporting:** Providers must report monthly activities in terms of the individual drugs dispensed (utilizing federally assigned codes to be provided by the County), the number of prescriptions filled for each drug, the amount of Title I funds spent dispensing each drug, and the unduplicated number of clients that received each drug listed in the Ryan White Title I Prescription Drugs Formulary.

Provider monthly reports for consumable medical supplies must include the number of patients served, medical supply distributions per patient, and dollar amounts per patient. Providers must also submit to the County a list of the medical supplies that will be available to the HIV+ client. This list must identify each medical supply item using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate as defined in Section C above. Providers may submit a supplemental list for items that are not identified by Medicare first, or by Medicaid second.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded prescription drugs services: (1) are permanent residents of Miami-Dade County; (2) have a household income that does not exceed 300% of the Federal Poverty Level, and (3) have a physician's referral or prescription for this service. Clients receiving prescription drugs services must be documented as having been properly screened for the State AIDS Drugs Assistance Program (ADAP), Medicaid, or other public sector funding (e.g., the Medically Needy Program) as appropriate. While clients qualify for and can access other public funding for prescription drugs, they will not be eligible for Ryan White Title I funding for this service, unless the prescription drug needed by the client is not covered by the funding source.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

g. **Ryan White Title I Prescription Drugs Formulary:** Ryan White Title I funds may only be used to purchase or provide vitamins, nutritional supplements, appetite stimulants, and/or other prescriptions to HIV/AIDS patients as follows:

(1) Prescribed medications that are included in the most recent release of the Ryan White Title I Prescription Drugs Formulary;

(2) Medications, nutritional supplements, appetite stimulants or vitamins that have been prescribed for the patient by his/her physician;

(3) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for any nutritional supplements. The client must also have the Title I Letter of Medical Necessity signed by a Registered Dietitian/Nutritionist for nutritional supplements as indicated in the most recent release of the Title I Prescription Drugs Formulary;

(4) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Testosterone Gel (Androgel 1%);

(5) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Antiretroviral Resistance Assay;

(6) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Sporanox;

(7) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Valacyclovir (new prescriptions);

(8) A Title I Letter of Medical Necessity, completed by a Board certified gastroenterologist, has been submitted for Pantoprazole;

(9) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Durable Medical Equipment and Supplies (as needed for the administration of medications only);

(10) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Appetite Stimulant;

(11) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Olanzapine (Zyprexa);

(12) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Antiretroviral HIV Genotype Resistance Assays: Treatment Intent Study;

(13) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Antiretroviral HIV Genotype Resistance Assays: Antiretroviral Failure;

(14) A Title I Letter of Medical Necessity, completed by a physician, has been submitted for Antiretroviral Phenotype Resistance Assays for Experienced Patients;

(15) A Prior Authorization Form, completed by a physician, has been submitted for Procrit;

(16) A Prior Authorization Form, completed by a physician, has been submitted for Neupogen;

(17) Providers must comply with any restrictions listed in the Title I Prescription Drugs Formulary. This formulary is subject to periodic revision.

h. **Miami-Dade County Public Health Medications (State of Florida AIDS Drug Assistance Program - ADAP):** Ryan White Title I funds may not be used to purchase medications available free of charge from the Miami-Dade County Health Department to clients who qualify for and can access this service.

i. **Ryan White Title I funds** may not be used to pay for the delivery of medications or consumable medical supplies unless one of the following conditions is met by the client and is documented by the client's physician:

(1) The client is permanently disabled (condition is documented once);

(2) The client has been examined by a physician and found to be suffering from an illness that significantly limits his/her capacity to travel [condition is valid for the period indicated by the physician or for sixty (60) days from the date of certification].

Note: Case managers requesting home delivery must have documentation on file that meets one of the conditions listed above.

CASE MANAGEMENT
(Year 15 Service Priority #3)

The Title I Case Management service category has two (2) distinct components: **Case Management and Peer Education and Support Network (PESN).** *Providers are required to offer both types of case management services.*

Case management is a client-centered collaborative process that meets an individual's health and support service needs by assessing, planning, implementing, coordinating, monitoring and evaluating available options and services. Case management addresses situational needs and promotes continuity of care for the client. Case management is predicated upon patient empowerment, realized through the identification of client needs and subsequent facilitation of access to appropriate services. Case management addresses both individual and family entities and their needs, and both adults and children.

The purpose and goals of case management are: 1) to coordinate services across funding streams; 2) to reduce service duplication across providers; 3) to assist the client with accessing services; 4) to use available funds and services in the most efficient and effective manner; 5) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 6) to empower clients to remain as independent as possible; 7) to improve service outcomes; and 8) to control cost while ensuring that the client's needs are properly addressed.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

CASE MANAGEMENT COMPONENTS

I. ***Case Management:*** Case managers must be knowledgeable about the diversity of programs and able to develop service plans from various funding streams. They are responsible for helping clients access all needed services, not just Ryan White services.

Case managers are responsible for performing the following functions: 1) conducting a full assessment of the client's medical, financial, social, and other needs (initial intake); 2) care planning; 3) managing and coordinating services (referrals, assisting with initial appointments and coordinating services required by the care plan etc.); 4) monitoring client adherence to the care plan and medication regimens, as well as ensuring that service providers involved in the client's care are rendering services as requested; 5) evaluating services provided to the client by all sources to determine consistency with the established care plan; 6) reassessing and revising the care plan; 7) conducting secondary prevention; and 8) coordinating and participating in the provision of permanency planning and counseling on parenting issues.

II. ***Peer Education and Support Network (PESN):*** At the option of the client, the case management agency will assign an HIV+ "Peer" (i.e., PESN, Case Aide, Peer Educator, Peer) to provide "peer support", including client orientation and education about health and social service delivery systems. The PESN Peer Educator may assist with initial client intake, paperwork and applications for financial and medical eligibility, educating new clients on the process and what to expect, as well as physically walking clients through initial appointments for medical care and other entitlements. The Peer may accompany clients to and from medical appointments, as needed.

The Peer will also have basic knowledge of HIV/AIDS services and receive necessary training on HIV funding streams.

As incentives for productivity, providers are encouraged to provide the Peer with educational opportunities, as well as a standard living wage and medical benefits under contractual agreement with the County.

If the client decides not to access the PESN, then the case manager will also be responsible for providing the following services: 1) the presentation of information regarding the HIV service delivery system across funding streams, and 2) assistance to clients in preparing applications for other benefit programs.

The following requirements apply to both Case Management and PESN services (including Minority AIDS Initiative services) as indicated:

a. Program Operation Requirements:

Providers must ensure that case management services include, at a minimum, the following: peer support, assessment, follow-up, direction of clients through the entire spectrum of health and support services, and facilitation and coordination of services from one service provider to another. Providers of case management services are expected to educate clients on the importance of complying with their medication, consistent with the Title I Case Management Handbook.

Case managers must maintain frequent contact with other providers (the client's physician, nutritionist, home health nurse, pharmacist, counselor, etc.) and with the client to help him/her adhere to medication regimens and ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives.

Case management providers are expected to empower clients to be actively involved in the development and monitoring of their treatment and adherence plans, and to ensure that immediate follow-up is available

for clients who miss their prescription refills and/or who experience difficulties with adherence. Case Management providers must ensure that the client is knowledgeable about HIV/AIDS; understands CD4 count, viral load, adherence and resistance concepts; understands the reason for treatment; identifies and addresses the possible factors affecting adherence; and understands his/her treatment schedule to the best of the client's ability.

1. Case Manager Qualifications:

Providers of this service will adhere to the educational and training requirements of staff as detailed in the *Ryan White Title I System-wide Standards of Care* and the *Coordinated Case Management Standards of Service*.

2. Provider Requirements:

a) Contractual. Providers will be expected to document in scope of services appearing in the Title I contract with Miami-Dade County the following:

- An explanation of the training that will be offered to case management staff, including "peers," and should include cultural sensitivity issues.

- An explanation of how client's adherence to treatment will be monitored and how adherence problems will be identified and resolved;

- An explanation of how the provider will serve clients who speak English, Spanish, and Creole or who have limited language proficiency. **Case management providers must budget for the following expenses or otherwise accommodate client needs for: American Sign Language interpreter, translator, Braille, and other materials to accommodate clients with limited English language proficiency.**

- A description of linkage agreements in place with other HIV/AIDS service providers.

b) Required Forms. Case management staff will utilize the Ryan White Title I standardized forms for all case management functions as developed by the Miami-Dade HIV/AIDS Partnership and the County.

c) ***Referrals.*** All referrals to Title I services must be made utilizing the Ryan White Title I Certified Referral Forms. Referrals cannot be made for services not documented in the client's needs assessment and care plan. However, in the case of emergency, care plans may be amended within one business day to allow for the referral. Referrals for non-Title I services will use the general referral form available in the Title I Service Delivery Information System (SDIS).

d) ***Caseload.*** Case managers should have a caseload of no more than 70 clients. Clients limited to only "situational needs" do not need to be included in the caseload count.

e) ***Peer schedules.*** Providers are reminded that some "peer" workers may be eligible for disability income and/or other supplemental income; consequently, a part-time working schedule should be well-planned to meet the needs and benefits of the employee.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care* and to the *Ryan White Title I Coordinated Case Management Standards of Service.* **These are separate documents and are incorporated via reference. Providers of case management services are expected to adhere fully to these standards. In addition, the Ryan White Title I Case Management Handbook provides details on case management activities.** (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** The units of service used for Case Management and PESN reimbursements are as follows.

1. Case Management Services:

- *Face-to-Face encounter*: quarter-hour units (15 minutes), at rates not to exceed $12.50 per unit, defined as any time the case manager has direct contact with the client in person. In consultations with a child and one or more adults, encounters are billed for one HIV positive member only.

- *Other encounter:* quarter-hour units, at rates not to exceed $12.50 per unit, defined as any non-face-to-face contact with (or on behalf of) the client, including telephone contacts with the client and/or his/her representatives, development of a care plan, travel time (with documentation in the client file of reason for travel), follow-up contacts with the client or other providers to ensure adherence to a prescribed treatment plan, contacts with other providers or

representatives on behalf of the client, referral activities (setting up appointments, arranging transportation, etc.), or intramural treatment planning meetings held on behalf of a client.

2. *Peer Education and Support Network (PESN) Services:*

   - *Face-to-Face encounter*: quarter-hour units, at rates not to exceed $6.25 per unit, defined as any time the "Peer" has direct contact with the client in person.

   - *Other encounter:* quarter-hour units (15 minutes), at rates not to exceed $6.25 per unit, defined as any non-face-to-face contact with (or on behalf of) the client, including telephone contacts with the client and/or his/her representatives, travel time (with documentation in the client file of reason for travel), follow-up contacts with the client or other providers to ensure adherence to a prescribed treatment plan, or contacts with other providers or representatives on behalf of the client.

3. Providers are required to document in the client's file each unit of service performed (including the time spent) as face-to-face encounters or on behalf of a client. Units of service must be documented and reported separately for PESN and case management services.

4. Client eligibility screening for voucherable services is billable as a unit of service depending on the amount of time spent with the client. However, case managers may not distribute vouchers, with the exception of transportation vouchers. Costs related to the distribution of voucher services should be covered under the dispensing charge allowed for handling of vouchers under each respective voucherable service category.

d. **Units of Service for Reporting:** Providers of PESN and general Case Management services must report, separately, their monthly activities according to quarter-hour (15 minutes) "Face-to-Face" encounters and quarter-hour (15 minutes) "Other" encounters. In addition, providers must report the number of unduplicated clients served.

e. **Client Eligibility Criteria:** Providers must document that clients receiving Title I funded PESN and case management services: (1) are permanent residents of Miami-Dade County; (2) are HIV+ asymptomatic, HIV+ symptomatic, or have AIDS (as defined by the CDC), and (3) have a household income that does not exceed 300% of the Federal Poverty Level. All clients must be properly screened for Medicaid, Medicaid Waiver, and other public sector funding (i.e., the Medically Needy Program), as appropriate. While clients qualify for and can access

Medicaid, Medicaid Waiver, or other public sector funding for case management services, they will not be eligible for Ryan White Title I funding for these services.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

g. **Minority AIDS Initiative (MAI):** Funding is also available under the MAI for case management services. MAI case management services are identical to standard Title I funded case management services, except that MAI case management services provide culturally sensitive services that exclusively target minority communities.

Title I MAI funds are designated to reduce the HIV related health disparities and improve the health outcomes for HIV infected minorities such as Black/African-Americans (including Haitians), Hispanics, Native Americans, etc. The over-arching purpose of the MAI Initiative is to achieve 100% access to quality care and 0% disparity in health outcomes.

Special consideration will be given to providers who qualify as "Minority Community Based Organizations" by:

1) Having more than 50% of positions on the executive board or governing body filled by persons of the racial/ethnic minority group(s) to be served;

AND

2) Having more than 50% of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50% of key service provision positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by persons of the racial/ethnic population(s) to be served.

In addition, per Federal requirements, organizations funded to provide MAI services **MUST** meet the following criteria:

1) Are located in or near to the targeted community they are intending to serve;

2) Have a documented history of providing services to the targeted community(ies) to be served;

3) Have documented linkages to the targeted populations (not just to other service providers), so that they can help close the gap in access to service for highly impacted communities of color; and

4) Provide services in a manner that is culturally and linguistically appropriate.

Providers must clearly specify the target population(s) to be served [i.e., Black/African-American (including Haitians), Hispanic, Native Americans, etc.]. If more than one racial/ethnic group is targeted, the percentage that each group will represent of the total number of clients to be served must be identified.

Providers of MAI case management and PESN services will collect information on the following specific outcome measures/performance indicators: Unduplicated number of Black/African-American (including Haitians), Hispanic, Native American clients, etc. who are receiving coordinated medical and prescription drug treatment as a result of the Title I MAI case management program efforts. This information will be reported at least annually, in a format to be provided by the County.

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DENTAL CARE
(Year 15 Service Priority #4)

Services include routine **Dental Care** examinations and prophylaxis, X-rays, fillings, replacements, treatment of gum disease, and oral surgery.

Special consideration will be given to providers who employ people living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Providers of primary or specialty outpatient care wishing to include dental care services under their scope of operations must either demonstrate on-staff clinical capacity or letters of intent from specific dental care providers to provide these services under subcontract.

Provision of dental care services for any one client is limited to an annual cap of $3,000 per the Ryan White Title I fiscal year, with no exceptions.

Providers should demonstrate a history and capacity to serve Medicaid eligible clients.

Providers must participate in external quality assurance reviews, utilizing a standardized tool as developed by the Miami-Dade HIV/AIDS Partnership's Dental Panel.

Providers will be required to utilize a certified referral form for dental care services, as approved by the Miami-Dade HIV/AIDS Partnership. If the client is being referred by a non-Title I provider a general referral form must be submitted accompanied by the required medical, financial and permanent Miami-Dade County residency documentation. Patients coming without a referral, but with necessary documentation, to agencies with the capacity to do an intake are also able to access Ryan White Title I dental care services.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

Providers will be required to demonstrate that they will adhere to generally accepted clinical guidelines for dental treatment of AIDS-specific illnesses.

c. **Units of Service for Reimbursement:** Providers will be reimbursed for all routine and emergency examination, diagnostic, prophylactic, restorative, surgical and ancillary dental procedures, as approved by the Miami-Dade HIV/AIDS Partnership and included in the Ryan White Title I Dental Formulary, using the American Dental Association CDT-2005 Current Dental Terminology (© 2004) codes for dental procedures, at rates that represent a constant multiple of the State of Florida Medicaid Dental Services Fee Schedule (corrected February 2, 2005) reimbursement for each procedure, but no higher than 3.0 times the State of Florida Medicaid Dental Services Fee Schedule (corrected February 2, 2005) reimbursement rate. Providers should set a realistic multiplier rate based on projected service delivery costs and on the standard rates established by State of Florida's Medicaid program. Provider negotiated Medicaid rates will not be accepted. The Ryan White Title I Dental Formulary is subject to periodic revision.

Necessary tests or procedures excluded from Medicaid must be submitted on a supplementary schedule. A flat rate for each procedure and a detailed cost justification must be included in the proposal. Providers must stipulate the multiplier they will be applying to the State of Florida Medicaid Dental Services Fee Schedule (corrected February 2, 2005) reimbursement rates for dental procedures. An estimate of the number of patients (unduplicated caseload) expected to receive these services must be included on the price form.

d. **Units of Service for Reporting:** Providers of dental care must report monthly activity according to the recorded number of client visits and the unduplicated number of clients served.

e. **Client Eligibility Criteria:** Providers must document that all persons receiving Title I funded dental care (basic and/or specialty care) services: (1) are permanent residents of Miami-Dade County; (2) are HIV+; and (3) have a household income that does not exceed 300% of the Federal Poverty Level. Providers must refer to the most recent release of the Ryan White Title I Dental Formulary for a list of available basic and/or specialty dental care procedures. This formulary is subject to periodic revision.

f. **Children's Eligibility Criteria:** Providers must document that HIV+ children who receive Title I funded dental services are permanent residents of Miami-Dade County and have been properly screened for Medicaid and other public sector funding (i.e., the Medically Needy program) as appropriate. While children qualify for and can access Medicaid or other public sector funding for dental services, they will not be eligible for Ryan White Title I funding for these services, except those necessary tests or procedures excluded by Medicaid.

g. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

h. **Ryan White Title I Dental Formulary:** Ryan White Title I funds may only be used to provide dental services that are included in the most recent release of the Ryan White Title I Dental Formulary. The Title I Dental Formulary includes a comprehensive list of dental services providing essential care to prevent further complications and pain for all eligible clients.

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SUBSTANCE ABUSE COUNSELING
RESIDENTIAL AND OUTPATIENT TREATMENT
(Year 15 Service Priorities #5 and #6)

Two types of substance abuse treatment programs are included under this service category, **Residential and Outpatient**. Services must be provided to HIV/AIDS clients in state licensed treatment facilities, and should be limited to the pre-treatment program of recovery readiness and relapse, as well as harm reduction, conflict resolution, anger management, relapse prevention, family group and intensive counseling to reduce depression, anxiety and other related disorders, drug-free treatment and treatment for alcohol and other drug addictions.

Both **Residential and Outpatient Treatment** programs shall comply with the following requirements:

a. **Program Operation Requirements:** Special emphasis is placed on programs that provide services that are highly accessible to target populations.

Special emphasis is placed on programs that can demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs.

Service must be provided in settings that foster the client's sense of self-control, dignity, responsibility for his/her own actions; relief of anxiety and mutual aid are preferred.

Substance abuse counseling services may be provided to members of a client's family in an outpatient setting if the HIV/AIDS client is also being served. Special consideration will be given to programs offering services to families without separating the family unit. If the client is participating in a residential treatment program the client's family member may visit the facility and participate in the counseling sessions, but the family member may not physically live in residential treatment with the client during the treatment process. A family member's participation in the substance abuse counseling sessions is included in the per day cost charged to Title I (maximum of $100 per day). *Note: For the purpose of this service, family members are defined as those individuals living in the same household as the client.*

Individual treatment plans must be documented in the client's file and linked to the provision of primary care.

Providers must ensure that clients adhere to their treatment plan, including prescription drugs regimen.

Providers of substance abuse treatment must offer flexible schedules that accommodate nutritional needs in order to facilitate clients' compliance with medication regimens.

Residential and outpatient substance abuse providers must coordinate billing so that outpatient counseling services provided as a result of a referral by a residential facility are only reimbursed once as part of the outpatient facility's billing.

Providers are expected to adhere to super-confidentiality procedures. Providers must include their organization's definition of confidentiality, staff confidentiality training, and procedures for maintaining confidentiality.

Providers should demonstrate linkages with other services relevant to the needs of people in substance abuse treatment programs.

Providers must participate in external quality assurance reviews, utilizing a standardized tool as developed by the Miami-Dade HIV/AIDS Partnership.

I. Substance Abuse Counseling – Residential Treatment

This service program calls for the provision of substance abuse treatment, including alcohol addiction, and counseling to HIV/AIDS clients in state licensed treatment facilities. Services must be provided to HIV/AIDS clients in state licensed treatment facilities, and should be limited to the pre-treatment program of recovery readiness and relapse, as well as harm reduction, conflict resolution, anger management, relapse prevention, family group and intensive counseling to reduce depression, anxiety and other related disorders, drug-free treatment and treatment for alcohol and other drug addictions.

Residential Substance Abuse Treatment provides room and board, substance abuse treatment, including specific HIV counseling, in a secure, drug-free state licensed residential (non-hospital) substance abuse treatment facility, and, when necessary, detoxification. Title I funds may not be used for hospital inpatient detoxification.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

Residential treatment programs shall comply with the following requirements:

a. **Service Delivery Standards:** Providers of these services will adhere to the *Ryan White Title I System-wide Standards of Care* and generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this booklet for details.)

b. **Units of Service for Reimbursement:** The unit of service for reimbursement of substance abuse counseling - residential treatment is a *patient-day* of care, at a rate not to exceed $100 per day [includes the cost of family member(s) participating in the substance abuse counseling session provided during a day of treatment]. If the provider anticipates that clients may be referred to a separate Title I funded outpatient HIV substance abuse counseling agency, then the cost of such activities should not be included as part of the residential provider's per day rate.

c. **Units of Service for Reporting:** Monthly activity reporting for residential substance abuse treatment is per *patient-day* of care and number of unduplicated clients served.

d. **Client Eligibility Criteria:** Providers must document that HIV+ clients receiving Title I funded substance abuse counseling - residential treatment are permanent residents of Miami-Dade County, have a household income that does not exceed 300% of the Federal Poverty Level, and have been documented as having been properly screened for Medicaid, Medicaid Waiver, or other public sector funding as appropriate. While clients qualify for and can access Medicaid, Medicaid Waiver, or other public sector funding for substance abuse services, they will not be eligible for Ryan White Title I funding for this service.

e. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

   Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

f. **Linkage/Referrals:** Providers of residential substance abuse treatment must document the progress of each patient's care through the treatment program, maintain linkages with one or more outpatient facilities and appropriate community services, including 12-step programs, and be able to refer or place clients in an outpatient program, in collaboration with the

patient's case manager and primary care physician, when that is found to be appropriate. Providers are required to determine if the client is currently receiving case management services; if not, the provider must seek enrollment of the client in a case management program while the client is still receiving substance abuse treatment/counseling. A linkage agreement with the case management provider must be established in order to ensure coordination of services while the client remains in treatment. *Note:* referrals to outpatient counseling facilities should only occur when there is a need for HIV specific counseling not offered by the residential facility.

II. ***Substance Abuse Counseling - Outpatient Treatment***

Provides regular, ongoing substance abuse monitoring and counseling on an individual and group basis in a state-licensed outpatient setting. Providers of this service must specify the maximum number of clients expected to be enrolled in a group counseling session. The ratio of support group participants to counselors should be no higher than 15:1. One unit is equal to one half-hour. Please note that there is no limit on individual or group counseling sessions.

- **Substance Abuse Counseling Level I - Professional Substance Abuse Treatment.** This service includes *general and intensive* substance abuse therapy and counseling (individual, family and group) provided by trained mental health or certified addiction professionals. Direct service providers must possess at least *postgraduate degrees* in the appropriate counseling-related field, and preferably, be a *certified addiction professional* (CAP).

- **Substance Abuse Counseling Level II - Counseling and Support Services.** This service includes supportive and crisis substance abuse counseling by trained and supervised counselors, peers and facilitators. Activities include forming or strengthening support groups, development of understanding of treatment options, holistic or alternative therapies (meditation, visualization, stress reduction, etc.), and other areas appropriate for individual and group socio-emotional support. Non-certified personnel providing this service will be supervised by professionals with Level I credentials.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Service Delivery Standards:** Providers of these services will adhere to the *Ryan White Title I System-wide Standards of Care*. Providers of these services will be required to demonstrate that they will adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. (Please refer to Section III of this booklet for details.)

b. **Units of Service for Reimbursement:** Reimbursement for individual and group therapy will be based on a half hour counseling session not to exceed $29.00 per unit for Level I individual counseling; $32.00 per unit for Level I group counseling; $26.00 per unit for Level II individual counseling; and $29.00 per unit for Level II group counseling. Reimbursement for individual sessions are calculated for each client and family member(s) receiving the therapy, whereas, reimbursement for group sessions are calculated for the counselor that provided the group therapy. Coverage for all administrative costs may not exceed 10% of the total budget for each level of counseling.

c. **Units of Service for Reporting:** The unit of service for reporting monthly activity of individual and group therapy is a *one half-hour session* provided to the client and the number of unduplicated clients served. Providers must also report, on a monthly basis, the number of group counseling units provided by each counselor.

d. **Client Eligibility Criteria:** Providers must document that HIV+ clients receiving Title I funded substance abuse counseling - outpatient treatment are permanent residents of Miami-Dade County, have a household income that does not exceed 300% of the Federal Poverty Level, and have been documented as having been properly screened for Medicaid, Medicaid Waiver, or other public sector funding as appropriate. While clients qualify for Medicaid, Medicaid Waiver, or other public sector funding for substance abuse services, they will not be eligible for Ryan White Title I funding for this service.

e. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

f. **Linkage/Referrals:** Providers of outpatient substance abuse treatment must document the progress of each patient's care through the treatment program, maintain linkages with one or more residential facilities, appropriate community services, including 12-step programs, and be able to refer or place clients in a residential program, in collaboration with the patient, his/her case manager and primary care physician when that is found to be appropriate. Providers are required to determine if the client is currently receiving case management services; if not, the provider must seek enrollment of the client in a case management program while the

client is still receiving substance abuse treatment/counseling. A linkage agreement with the case management provider must be established in order to ensure coordination of services while the client remains in treatment.

PSYCHOSOCIAL COUNSELING
(Year 15 Service Priority #7)

This service offers non-judgmental psychological/pastoral care treatment and counseling services including individual, group, crisis intervention counseling, and permanency planning provided by mental health or accredited pastoral care counseling professionals, as well as unlicensed experienced paraprofessionals under the supervision of licensed professionals. Psychosocial counseling services may be delivered in individual or group settings. **Please note that Title I funds may not be used for bereavement support for uninfected family members or friends.**

Direct service staff must be reflective of the target population served.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

Psychosocial services reimbursed under Title I are limited to conditions stemming from and treated within the context of the client's HIV/AIDS diagnosis. This service is not intended to be general psychosocial practice, but is intended to address HIV-related issues and strengthen coping skills to increase adherence and access to treatment.

Reimbursement will be differentiated according to the level of intensity of the service and the training of the direct service practitioner, as follows:

- **Psychosocial Counseling Level I** - Licensed Professional Mental Health Counseling: This service includes *intensive* mental health therapy and counseling (individual, family and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess *postgraduate degrees* in psychology, or counseling (PhD, EdD, and Psy.D.) and must be *licensed by the State of Florida* to provide such services.

- **Psychosocial Counseling Level II** - Licensed Professional Mental Health Counseling: This service includes *intensive* mental health therapy and counseling (individual, family and group) provided solely by *state-licensed mental health professionals*. Direct service providers would possess *postgraduate degrees* in psychology, psychotherapy or counseling (MS, MA, MSW, M.Ed., and must be *licensed by the State of Florida* as LCSW, LMHC or LMFT to provide such services.

- **Psychosocial Counseling Level III** - Professional Mental Health Counseling: This service includes *general* mental health therapy and counseling (individual, family and group) provided by mental health professionals. Direct service providers would possess a *postgraduate degree* in the appropriate counseling-related field. Non-licensed personnel providing this service will be supervised by licensed professionals or professionals exempt from licensing under F.S. 491.014.

- **Pastoral Care and Support Services** - This service assists HIV+ persons, members of their immediate family and of their household, in the clarification/identification of their own resources/tasks/priorities and in the development and/or enhancement of their resources through individual or family/household pastoral care sessions. While clients may request and then be referred to pastoral care counselors of their own faith, counselors must be experienced in meeting the spiritual needs of persons of varied faiths or of no faith.

  Pastoral Counselors will work with clients to clarify the spiritual and pragmatic options that order and validate their individual life experiences, strengthen their belief systems, purpose and values. Pastoral counseling is an intervention at a point of need in a client's life that strives to progressively move the client along a continuum of self-acceptance and responsibility.

  Pastoral Care and Support Services is equivalent to Level III psychosocial counseling with respect to the qualifications of counseling staff. Pastoral care counselors must: (1) hold a masters or doctoral degree in theology, philosophy, social work, psychology, or a related field from an accredited institution; (2) have completed at least four units (1,600 hours or one full year) in clinical pastoral education (CPE) in an institution accredited by one of the following professional associations: the Association of Clinical Pastoral Education, National Association of Catholic Chaplains, National Association of Jewish Chaplains, American Institute of Islamic Studies, or Canadian Association of Pastoral Education. At least one CPE unit must be in HIV or a life-threatening disease.

- **Psychosocial Counseling Level IV** - Counseling and Support Services: This service includes supportive counseling by trained and supervised peers and counselors. Activities include forming or strengthening support groups and other areas appropriate for individual and group socio-emotional support. Non-licensed personnel providing this service will be supervised by licensed professionals or professionals exempt from licensing under F.S. 491.014.

Psychosocial Counseling Components:

Counseling services **(Levels I and II)** provided to clients by licensed professionals will include psychosocial assessment and evaluation, testing, diagnosis, treatment plans with written goals, crisis counseling, periodic reassessments and reevaluations of plans and goals documenting progress or lack thereof, referrals to psychiatric and other services as appropriate. Issues of particular relevance to HIV/AIDS clients such as risk behavior, substance abuse, adherence to psychosocial and medical (HIV/AIDS) treatments, depression, panic, anxiety, maladaptive coping, safe sex, and suicidal ideation will be addressed. Permanency planning will be addressed with individuals as appropriate to the nature of the client's diagnosis. Services at this level are provided for clients

experiencing acute, sporadic mental health problems and are generally not long term [individual counseling shall not exceed 32 encounters per fiscal year and five (5) units (maximum of 2 ½ hours) per session].

Level III – Provides supervised psychosocial counseling designed to improve clients' mental health and promote feelings of well-being. Services will include assessment and evaluation, identification of presenting problems, treatment plans with written goals, crisis counseling, periodic reassessments and reevaluations of plans and goals documenting progress or lack thereof. Issues of particular relevance to HIV/AIDS clients such as risk behavior, substance abuse, adherence to psychosocial and medical (HIV/AIDS) treatments, depression, and safe sex will be addressed. Permanency planning will be addressed with individuals as appropriate to the nature of the client's problems. Counseling at this level may include relationship difficulties, client-centered advocacy, stress management and coping skills, personal and social adjustments as they relate to HIV/AIDS, and the provision of needed information and education to clients to enhance their quality of life. Referrals will be made to other services as appropriate. Services at this level are provided for clients experiencing mild to moderate mental or emotional health problems and are generally not long term [individual counseling shall not exceed 32 encounters per fiscal year and five (5) units (maximum of 2 ½ hours) per session].

Level IV – This service provides supervised support and advice through coaching, information sharing, listening, and role modeling in groups and limited individual settings. Its primary goal through group support is the promotion of an independent living philosophy wherein the client becomes his or her own self-advocate. Individual support counseling will be provided only within the guidelines and goals of a treatment plan developed by a professional mental health counselor with assistance and consultation from the support worker. The support counselor will provide timely feedback and information to the originator of the plan in order to monitor client progress. Support counseling will address adherence to psychosocial and medical (HIV/AIDS) treatments. Support counselors will not make referrals themselves, but will consult and make known to his or her supervisor) information/changes in the client's condition that may require a referral. Appropriate referrals will then be made by the supervisor.

Group Counseling (Levels I, II, III, and Pastoral Care) - a group of individuals (maximum of 15) with similar problems meeting under the expert guidance of a trained mental health professional. Members of the group will be selected by the mental health professional in order to maximize the interaction, learning and benefits derived from the group dynamic. Group counseling provides therapy in a social context, reduces the feeling of isolation many clients experience, provides an opportunity for clients to share methods of coping with problems and allows the therapist an opportunity to observe how an individual interacts with others. Group counseling may be particularly beneficial to HIV/AIDS patients since this type of therapy can significantly reduce feelings of alienation clients may experience because of their HIV diagnosis coupled with the additional burden of emotional/mental problems.

Support (Group) Counseling (Level IV) – a group of individuals (maximum of 15) with similar problems meeting with a counselor or peer. These groups provide emotional support and validation through discussion of shared problems and feelings. Such support may be largely psychological in nature, taking the form of ego-empowering, compliments, encouragement, positive affirmation or more objective, as in helping to plan specific courses of action, giving advice on how to solve an immediate problem. Supportive counseling avoids probing the client's deeper conflicts. Services at this level are provided for clients experiencing mild functional or emotional problems and are generally not long term.

a. **Program Operation Requirements:** Providers must demonstrate knowledge of HIV-spectrum disease, its psychosocial dynamics and implication, including cognitive impairment and generally accepted treatment modalities and practices. Services may be delivered to non-HIV family members (as defined by the client) only if the HIV+ client is also being served. Providers must permit the Grantee access to client records that document the services provided. Providers and the County will comply with super-confidentiality laws as per State of Florida's guidelines. The ratio of support group participants to counselors should be no higher than 15:1. One visit is equal to one half-hour.

   Providers must participate in external quality assurance reviews, utilizing a standardized tool as developed by the Miami-Dade HIV/AIDS Partnership.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

   Level I, Level II, Level III, and Level IV providers will be required to demonstrate that they will adhere to generally accepted clinical guidelines for psychological treatment of persons with HIV/AIDS-illnesses.

c. **Units of Service for Reimbursement:** Reimbursement for individual and group therapy will be based on a half hour counseling session not to exceed $30.00 per unit for Level I individual counseling; $32.50 per unit for Level I group counseling; $30.00 per unit for Level II individual counseling; $32.50 per unit for Level II group counseling; $25.00 per unit for Level III and Pastoral Care individual counseling; $27.00 per unit for Level III and Pastoral Care group counseling; $14.00 per unit for Level IV individual counseling; and $19.00 per unit for Level IV group support counseling. Reimbursement for individual counseling units are calculated for each client receiving the therapy (i.e., number of individual counseling units per client), whereas, reimbursement for group counseling units are calculated for the counselor that provided the group therapy (i.e., number of group counseling units per counselor). Coverage for all administrative costs may not exceed 10% of the total budget for each level of counseling.

d. **Units of Service for Reporting:** The unit of service for reporting monthly activity of individual and group therapy is a one-half-hour session and the unduplicated number of clients served. Providers will report individual and group activity separately for Level I, Level II, Level III, Level IV and pastoral care counseling services.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded Level I, Level II, Level III, Level IV or pastoral care counseling: (1) are permanent residents of Miami-Dade County; (2) have a household income that does not exceed 300% of the Federal Poverty Level; and (3) are properly screened for Medicaid Waiver, or other public sector funding as appropriate. While clients qualify and can be placed in the Medicaid Waiver or other funding programs for psychosocial and/or pastoral care counseling services, these individuals will not be eligible for Ryan White Title I funding for this service. The provider's attempts to place clients in Medicaid Waiver or other funding programs and the results must be documented in the client's file.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

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INSURANCE SERVICES
(Year 15 Service Priority #8)

There are three types of assistance under this service category: **AIDS Insurance Continuation Program, Insurance Deductibles, and Prescription Drugs Co-Payments**.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

I. AIDS Insurance Continuation Program

This service provides assistance to clients who already have private health insurance but are not financially able to pay the insurance premiums. This service does not provide new health insurance policies to eligible clients; it allows them to continue with their current insurance carrier. This service does not include coverage of disability or life insurance payments and does not provide assistance with deductibles and/or co-payments. The maximum amount of assistance a client may receive each month is $650. Title I will be able to assist the client in making back payments of premiums as long as the insurance policy has not been terminated. Assistance may also be provided to facilitate conversion of group coverage (i.e., COBRA) to an individual insurance policy. Title I may only be utilized to pay for a dependent's health insurance premium if the dependent meets the eligibility requirements specified below.

Title I supplements the state AICP when the primary funding sources, Title II and Florida General Revenue, exhaust their funds. Title I support depends on the amount allocated to this service. This service description covers only those services paid for by Ryan White Title I funds.

a. **Program Operation Requirements:** Providers may not reimburse clients directly for their premium expense.

Providers are required to inform clients of their rights regarding insurance coverage and to ensure they use their private health insurance to obtain care. Clients will not be eligible for Title I services if such services are available under their existing health insurance, private or public.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care.* (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed for dollars expended per insurance premium plus a dispensing rate of $15 per month.

d. **Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars *expended per insurance premium per client.* The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.

e. **Client Eligibility Criteria:** Clients receiving Title I assistance for this service must meet the following eligibility criteria: 1) be permanent residents of Miami-Dade County; 2) be HIV+ asymptomatic, HIV+ symptomatic, or have AIDS (as defined by the CDC); 3) have a household income that does not exceed 300% of the Federal Poverty Level; 4) have liquid assets (cash) that do not exceed $4,500 (or $5,500 if married or a recognized couple); 5) have active health insurance under a group, individual or COBRA policy; and 6) be willing to sign all required forms and provide all requested eligibility information. A complete financial assessment and disclosure are required.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

II. Insurance Deductibles

a. **Program Operation Requirements:** The goal of this service is to maintain a client's private health insurance coverage, thereby minimizing the client's reliance on the Title I program for services. Under no circumstances shall payment be made directly to recipients of this service. The maximum amount of assistance a client may receive annually is $2,500. Other methods may be proposed to assist clients with the financial resources necessary to cover a client's health insurance deductibles that the client could otherwise not afford.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care.* (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed for dollars expended *per deductible plus a dispensing rate* .

d. **Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars expended *per deductible per client*. The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I assistance for payment of insurance deductibles are permanent residents of Miami-Dade County and have a household income that does not exceed 300% of the Federal Poverty Level. While clients qualify for other public funding for insurance deductibles, they will not be eligible for Ryan White Title I funding for this service. A complete financial assessment and disclosure are required.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

III. Prescription Drugs Co-Payments and Co-Insurance

a. **Program Operation Requirements:** This type of assistance is available to privately insured clients who are required to pay a fee for their medications. The pharmaceutical provider will bill the insurance carrier for a portion of the cost of the prescription plus the dispensing fee and Title I will cover the remaining portion of the cost for clients who meet the eligibility criteria. Assistance for both co-insurance and co-payments is restricted to those medications on the currently approved Ryan White Title I Prescription Drugs Formulary.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care.* (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed for dollars expended *per co-payment plus a dispensing rate.*

d. **Units of Service for Reporting:** Monthly activity reporting for this service must be in dollars *per co-payment per client*. The service provider must also report the number of unduplicated clients served each month and the dollars spent per client.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I assistance for drug co-payments: (1) are permanent residents of Miami-Dade County; 2) have a household income that does not exceed 300% of the Federal Poverty Level, and (3) have a physician's prescription for the drug. While clients qualify for other public funding for drug co-payments, they will not be eligible for Ryan White Title I funding for this service. A complete financial assessment and disclosure are required.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

OUTREACH SERVICES
(Year 15 Service Priority #9)

I. Definition and Purposes of Title I Outreach

Outreach services target clients in need of assistance accessing HIV treatment who are:

- Newly diagnosed with HIV/AIDS, not receiving medical care
- HIV+, formerly in care, currently not receiving medical care (lost to care)
- Believed to be HIV+

Outreach services to people already identified as HIV positive consists of activities to introduce them to the system of care and assist them in accessing that system. Outreach includes an initial encounter to identify whether the person is currently receiving health care and support services. For high-risk people not known to be HIV positive, a referral should be made to a testing site to determine if the client is HIV positive.

Once the client is determined to be HIV positive, a referral must be made to a case management agency, medical provider or, if necessary, to a substance abuse treatment facility. The outreach worker may accompany the person to the point of entry into the system and assist in obtaining necessary documentation to receive services. Referrals must be followed up to insure that the client is enrolled in care.

a. Targeted Outreach

Providers must conduct targeted outreach, meaning outreach workers must work with key points of entry. Targeted outreach involves the establishment of formal relationships between providers and key points of entry.

1. Key points of entry include the following:

    - STD clinics
    - counseling and testing sites
    - blood banks
    - hospitals
    - substance abuse treatment providers
    - mental health clinics
    - adult and juvenile detention centers
    - Community Jail Linkage Coalition
    - homeless shelters

2. Linkage agreements form the basis of the formal relationships between providers. Outreach providers must have formal referral and linkage agreements with one or more of the key points of entry to the system of care listed above.

b. Street Outreach

This outreach should be directed to populations known through, for example, local needs assessment data, local epidemiological data, or through review of service data, to be at disproportionate risk for HIV infection.

1. **Use of objective data.** Providers conducting street outreach must target known high-risk areas, venues where significant numbers of people can be found who are believed to be HIV positive. In addition, workers must conduct street outreach during hours when the targeted groups are likely to be on the streets.

2. **Outreach to people lost to care.** Outreach workers may work with service providers to locate people lost to care and bring them back to care. There must be clear documentation from case management or primary care of repeated attempts to contact the client by phone and mail without success. The case manager or practitioner is responsible for attempting contact with his or her client. If contact is not possible and the client appears to have fallen out of care, the case manager or practitioner may refer the case to an outreach worker, there must be clear documentation of attempts to contact and why the case is being referred to an outreach worker.

c. Outreach Activities

1. Outreach workers may engage in the following activities:

- conduct brief intakes for new clients
- review data in the Title I Service Delivery Information System (SDIS) for existing clients
- assess risk behaviors
- accompany newly discovered clients to the doctor, case manager or substance abuse provider for the purpose of enrolling them in service for the first time or to reconnect to care, or to collect documentation until successful engagement occurs
- assist client to obtain necessary documentation for entry into the service system
- make home visits if necessary to meet a client and accompany them to a first visit
- accompany any client to testing or until successful engagement occurs

- provide HIV education related services (i.e., education on available treatment options and services available to HIV+ individuals) if directly linked to increasing access of the target population to existing HIV/AIDS service programs
- In the event that outreach workers spend more than 2½ hours (10 units of service) on these activities, it must be thoroughly documented and submitted to the County for approval.

2. **Inappropriate Outreach Activity.** Funds awarded under Title I of the Ryan White CARE Act may not be used for outreach programs that exclusively promote HIV counseling and testing and/or that have as their purpose HIV prevention education. Additionally, broad-scope awareness activities about HIV services that target the general public (i.e., poster campaigns for displays on public transit, TV or radio public service announcements, etc.) may not be funded.

3. **Documentation.** All outreach workers must maintain documentation which includes the following:

- name of outreach worker
- description of any encounter with a client and/or work done on behalf of the client
- the date and time of the encounter
- type of encounter (i.e., telephone, person to person, travel)
- name and signature of client
- client's date of birth
- client's gender
- client's race and ethnicity
- client's address or follow-up information
- site where client was identified (i.e., a specific geographic region and/or key point of entry into the system of care)
- time spent on the encounter in minutes
- total units documented
- referral to a testing site to determine if the client is HIV+
- document "initial contact" and "follow-up" contacts, receipt or non-receipt of lab results
- if lost to care, who requested the outreach
- once the client is determined to be HIV+, a referral must be made to a case management agency and/or medical provider
- indicate risk behavior and if street encounter, outreach worker's reason for approaching particular individual
- if the client's condition requires it, the outreach worker should also refer to a substance abuse treatment facility
- referrals must be followed up to insure that the client is enrolled in care

- Final disposition of the client must be documented including whether or not the client was connected to care (i.e., referral was made, client was taken to a medical, case management or substance abuse provider, etc.)

II. Outreach Worker Incentives, Program Operation Requirements, and Staff Training Requirements

As incentives for productivity, providers are encouraged to provide outreach workers with educational opportunities, as well as a standard living wage and medical benefits as required by contractual agreement with the County.

a. Program Operation Requirements:

1. **Location.** Providers of outreach services must focus their efforts on geographic regions of the county with high incidence of HIV infection and clearly identified unmet needs.

2. **Staff Training.** Outreach workers must attend a minimum of 40 hours of training approved by the county. In addition, all staff providing outreach services must be certified through the state of Florida's Department of Health HIV/AIDS 104, 500, and 501 courses, as well as Orasure training courses or equivalent counseling and testing curricula. Outreach workers must also receive training related to Limited English Proficiency (LEP) and detox programs. Outreach workers must attend periodic training provided by the Ryan White Title I program.

   Outreach providers must ensure that outreach workers are knowledgeable about various resources and providers of medical care, substance abuse treatment, case management and other support services. At a minimum, the outreach provider should have reference material on hand which provides intake requirements, services offered, hours of operation, and contact personnel.

3. **Hours.** Outreach services must be offered during non-traditional business hours at least 25 hours per week.

4. **Cultural Sensitivity.** Providers are encouraged to be creative in developing outreach programs that are culturally sensitive and that meet the specific needs of the identified target sub-populations (i.e., substance abusers, illiterate persons, hard of hearing, etc.). It is desirable that outreach workers reflect the community in which they are working. Special consideration will be given to providers that utilize peer models and indigenous workers in the community.

5. **Employment of PLWHs or PLWAs.** Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) in at least 50% of their outreach worker staff positions.

6. **Documentation.** Providers are required to document in the client's file each unit of outreach service performed (including the time spent) as a face-to-face encounter, telephone contact or referral activity on behalf of a client.

7. **Connection to Care.** Providers are expected to demonstrate that at least 3 percent of people contacted and billed for are actually brought into care.

b. **Service Delivery Standards**: Providers must adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.) Providers must participate in external quality assurance reviews, utilizing a standardized tool as approved by the Miami-Dade HIV/AIDS Partnership.

c. **Units of Service for Reimbursement:** Providers will be reimbursed on the basis of a line-item budget for Title I funded outreach services. Outreach services will be paid on the basis of full-time employees (FTE) at a salary to be negotiated between the service provider and the County, as well as on the basis of other direct and administrative costs. Reimbursement of salaries will be based on the approved budget and productivity as recorded by hours spent doing outreach activities, people contacted, their risk factors, and the number of people actually connected to care. All indirect expenses (other than those associated with the delivery of outreach services) are capped at 10%.

d. **Units of Service for Reporting:** Monthly activity reporting for this service will be on the basis of an outreach contact.

This payment method will be evaluated on the basis of productivity, locales used, people contacted and connected to medical care, case management and/or substance abuse treatment.

e. **Client Eligibility Criteria:** Outreach Workers must target outreach activities to connect HIV clients who are newly diagnosed with HIV/AIDS and not receiving medical care, HIV+ formerly in care, currently not receiving care (i.e., lost to care), or those persons who are believed to be HIV+.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

g. **Minority AIDS Initiative (MAI):** Funding is also available under the MAI for outreach services. MAI outreach services are identical to standard Title I funded outreach services, except that MAI outreach services provide culturally sensitive services that exclusively target minority communities.

Title I MAI funds are designated to reduce the HIV related health disparities and improve the health outcomes for HIV infected minorities such as Black/African-Americans (including Haitians), Hispanics, Native Americans, etc. The over-arching purpose of the MAI Initiative is to achieve 100% access to quality care and 0% disparity in health outcomes.

Special consideration will be given to providers who qualify as "Minority Community Based Organizations" by:

1) Having more than 50% of positions on the executive board or governing body filled by persons of the racial/ethnic minority group(s) to be served;

AND

2) Having more than 50% of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50% of key service provision positions (e.g., outreach worker, case manager, counselor, group facilitator) filled by persons of the racial/ethnic population(s) to be served.

In addition, per Federal requirements, organizations funded to provide MAI services **MUST** meet the following criteria:

1) Are located in or near to the targeted community they are intending to serve;

2) Have a documented history of providing services to the targeted community(ies) to be served;

3) Have documented linkages to the targeted populations (not just to other service providers), so that they can help close the gap in access to service for highly impacted communities of color; and

4) Provide services in a manner that is culturally and linguistically appropriate.

Providers must clearly specify the target population(s) to be served [i.e., Black/African-American (including Haitians), Hispanic, Native Americans, etc.]. If more than one racial/ethnic group is targeted, the percentage that each group will represent of the total number of clients to be served must be identified.

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FOOD SERVICES
(Year 15 Service Priorities #10 and #11)

Food services include **Food Bank** and **Home Delivered Meals**. Providers will offer nutritional counseling to all food service clients through qualified staff supervised by a licensed dietitian or nutritionist. Clients may not be enrolled in more than one Ryan White Title I food service program simultaneously, except if the client needs to access food bank services only for the purpose of obtaining personal hygiene products while enrolled in the home delivered meals program.

I. Food Bank

This service program is a central distribution center providing groceries, including personal hygiene products when available, for indigent HIV+ clients. The food is distributed in cartons or bags of assorted products to Ryan White Title I clients.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. Program Operation Requirements:

Standard Provisions

Providers of food bank services must also demonstrate the ability to match and document a minimum of 10¢ (at retail market value) of food and personal hygiene product donations for every dollar of Ryan White Title I funding used for the purchase of food and personal hygiene products. Efforts to obtain match funds, donations or any supplemental assistance must be documented.

Food bank services may be provided only on an emergency basis. An emergency is defined as an extreme change: loss of income (i.e., job loss, death or departure of person providing support), loss of housing, or release from institutional care (substance abuse treatment, hospital, jail or prison) within the last two weeks. Duration is to be short. Other emergencies, as defined by the client's case manager, must be documented in the client's record as they arise. A severe change to the client's medical condition, as defined below under the provision for additional occurrences, may also be considered an emergency.

Case managers must conduct initial and on-going assessment of each client to determine if the client is eligible for food related services under any other public and/or private funding source, including food stamps.

The provision of this service will be limited to twelve (12) occurrences within the Ryan White Title I fiscal year. One (1) occurrence is defined as all food bank services provided within one (1) calendar week.

Groceries, including personal hygiene products when available, can be picked up on a weekly or monthly basis. If groceries will be picked up on a **weekly** basis, the client will be limited to groceries valued at $30 per week at each pick-up. A client accessing food bank services on a weekly basis may not pick up groceries sooner than seven (7) days from the prior pick-up day.

If the client chooses to pick up his/her groceries on a **monthly** basis, the client will be limited to $30 per week multiplied by the number of times the original day of pick-up occurs in the month. A client accessing food bank services on a monthly basis may not pick up groceries in a new month prior to the same pick-up day from the previous month. For example, if the client picked up groceries on the first Monday of the month, he/she may not pick up groceries again prior to the first Monday of the following month.

Providers must demonstrate their capacity to provide ethnic foods and food suited to special client needs.

Provision for Additional Occurrences:

A severe change to the person's medical condition (i.e., new HIV related diagnosis/symptom, wasting syndrome, protein imbalance, recent chemotherapy, etc.) may also warrant additional occurrences of food bank services. However, additional occurrences require certification in the form of a completed Ryan White Title I Nutritional Assessment Letter for Food Bank Services. This Letter of Nutritional Assessment must be completed by an independent physician or registered dietician not associated with the Title I food bank provider. The client must be reassessed for the "warranting" medical condition every three (3) months. The physician or registered dietitian must specify the frequency and number of additional food bank visits (occurrences) that should be allowed for the client (maximum of twelve).

Provision for Families:

In addition to the maximum amount defined above of groceries available per month to eligible clients, each additional adult who is HIV+ and lives in the same household is eligible to receive $30 per week subject to the same service guidelines. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is HIV+) is also eligible to receive $10 per week in groceries, subject to the same service

guidelines above. The client must provide documentation to prove the dependent's age and place of residence.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed on the basis of a line-item budget. All indirect expenses (other than those associated with the purchase of food and personal hygiene products) are capped at 10%.

d. **Units of Service for Reporting:** Providers must report monthly activities according to client visits.

e. **Client Eligibility Criteria:** Clients must have a case management referral to receive this service. Each case management referral must document the number of eligible dependents (i.e., minors). The client must be reassessed for the "warranting" medical condition every three (3) months. Providers must document that HIV+ clients who receive Title I funded food bank services: (1) are permanent residents of Miami-Dade County; (2) are HIV symptomatic or have AIDS (as defined by the CDC); and (3) have a household income that does not exceed 150% of the Federal Poverty Level. Clients receiving food bank services must be documented as having been properly screened for Food Stamps, Medicaid Waiver, or other public sector funding as appropriate. While clients reside in institutional settings (i.e., nursing home or a substance abuse residential treatment facility) they will not qualify for Title I food bank services, unless it is for the purpose of obtaining personal hygiene products. Similarly, while clients qualify for and can access other public funding for food services, including Food Stamps, they will not be eligible for Ryan White Title I funding for food bank service, unless the provider is able to document that the client has applied for such benefits and eligibility determination is pending (a copy of benefit application must be kept in the client's record, i.e., Food Stamp application). In addition, referrals for food bank services must clearly state that the client is not currently receiving Title I funded home delivered meals.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

II. Home Delivered Meals

This service provides nutritionally balanced home delivered meals for persons with AIDS, or under certain circumstances HIV symptomatic, who are indigent, disabled and homebound, as defined by Medicaid Project AIDS Care (PAC Waiver) and as certified by a physician. PAC Waiver defines a homebound individual as one who is "confined to his or her home for any period of time and is unable to leave the residence without assistance from another person. The homebound person must have no other means of obtaining meals." In addition, clients accessing this service must be functionally impaired. A functional impairment means difficulty performing one or more activities of daily living (i.e., bathing, dressing, walking, eating), and may not be capable of preparing meals. No other person in the client's household may be able to prepare meals, or the person who usually prepares meals is temporarily absent or unable to manage meal preparation.

This service includes the provision of both frozen and hot meals. Providers of hot meals must indicate the criteria and procedures used in determining and documenting the client's eligibility for receiving hot (rather than frozen) meals, and must provide justification for the use of those criteria.

A physician's certification of a client's homebound status is required.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Providers must demonstrate their capacity to provide ethnic foods and food suited to special client needs. A meal must be defined according to ADA guidelines (a minimum of 750 calories per meal with a total average over a week period of 850 calories per week; a minimum of 10% of calories must come from protein with a total average over a week period of 15% of calories coming from protein). In addition, clients receiving home delivered meals may not be served more than two (2) servings of processed meats per week.

   Providers must submit to the County an explanation of how their organization protects the client's right to continue receiving this service after a temporary suspension. Providers must also specify how they implement and monitor such temporary discontinuations, including their internal policies, the measures they take to inform clients of how to temporarily discontinue and resume services, and the alternative utilization of meals during this suspension period.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care* and generally accepted nutritional standards for provision of meals to persons with HIV-spectrum disease. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed on the basis of a delivered meal that meets commonly accepted nutritional guidelines, at a bid rate not to exceed $5.00 per meal (frozen or hot). The projected cost per meal must include the cost of nutritional counseling. A detailed description of all items covered by the cost of a unit of service must be provided.

d. **Units of Service for Reporting:** Providers must report monthly activity on the basis of a delivered meal meeting the nutritional guidelines indicated above under program operations requirements.

e. **Client Eligibility Criteria:** Clients must have a case management referral to receive this service, and client eligibility for this service must be certified by a case manager every three (3) months. Providers must document that persons receiving Title I funded home delivered meals services: (1) are homebound as defined by Medicaid Project AIDS Care (PAC Waiver) and as certified by a physician. (PAC Waiver defines a homebound individual as one who is "confined to his or her home for any period of time and is unable to leave the residence without assistance from another person. The homebound person must have no other means of obtaining meals."). In addition, clients accessing this service must be functionally impaired. A functional impairment means difficulty performing one or more activities of daily living (i.e., bathing, dressing, walking, eating), and may not be capable of preparing meals. No other person in the client's household may be able to prepare meals, or the person who usually prepares meals is temporarily absent or unable to manage meal preparation; (2) are permanent residents of Miami-Dade County; (3) have AIDS (as defined by the CDC) or are HIV symptomatic with a condition (certified by a physician) that makes home delivered meals necessary; and (4) have a household income that does not exceed 300% of the Federal Poverty Level. While clients reside in institutional settings (i.e., nursing home or a substance abuse residential treatment facility) they will not qualify for Title I home delivered meals.

Clients receiving home delivered meals must be documented as having been properly screened for other public sector funding as appropriate. While clients qualify for and can access Medicaid Waiver, or other public funding for home delivered meals, they will not be eligible for Ryan White Title I funding for this service. In addition, referrals for home-delivered meals must clearly state that the client is not currently receiving Title I food bank services, except for personal hygiene products.

NOTE: Where the HIV status of the client is symptomatic and a medical condition requires the client to be homebound, physicians must indicate whether the condition is temporary or permanent, and if temporary, the period of time that home delivered meals service is authorized. If no such time indication is provided, such certification will be treated as a temporary 30-day certification.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

HOME HEALTH CARE
(Year 15 Service Priority #12)

Home Health Care services encompass a full range of therapeutic, nursing, supportive and personal care/support services in the home, provided by licensed home health agencies and available 24 hours, seven days a week. Home Health Care services include the following:

- Skilled nursing care
- Infusion Care and IV Therapy
- Intensive home health aide/homemaker
- Physical, occupational and speech therapies
- Respiratory therapy
- Respite Care
- Consumable medical supplies

Providers of home health care services will also be allowed to purchase consumable medical supplies and durable medical equipment required in order to provide home health care services to the HIV+ client as prescribed by a physician.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** With the exception of respiratory therapy services, which is optional, providers of Home Health Care must offer the full range of services listed above.

Special emphasis is placed on providers that can demonstrate a history and capacity to serve clients residing in all areas of Miami-Dade County and clients who are Medicaid eligible.

Skilled home health care providers will be expected to collaborate with other caregivers (i.e., client's primary care physician, case manager, nutritionist, adherence counselor, etc.) to ensure that the client receives coordinated, interdisciplinary support for adherence and assistance in overcoming barriers to meeting treatment objectives. Skilled home health care providers will also be expected to empower clients to be actively involved in the development and monitoring of their treatment adherence plans.

Providers of home health care services must report to the client's case manager, at least quarterly, the condition of the client. The report must include the type of services being provided to the client by the home health care agency, an update on the client's plan of care developed by the

home health care provider, progress made by the client during the quarter, and information on additional treatment needed by the client, if applicable. This information will be utilized by the case manager to update the client's needs assessment and care plan.

b. **Service Delivery Standards**: Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care* (please refer to Section III of this booklet for details) and current home health industry principles known as Outcome and Assessment Information Set (OASIS), as required by Medicare and Medicaid, including initial assessment of the client's condition, re-certification every 60 days, assessment at periods of significant changes in the client's condition, and assessment at the time of discharge.

c. **Units of Service for Reimbursement:** With the exception of therapy visits, providers will be reimbursed for all home health care services using the most current State of Florida Medicaid Project AIDS Care (PAC) Waiver Coverage and Limitations Handbook procedure codes and corresponding reimbursement rates current as of October 2003, times a multiplier not to exceed 2.0. Reimbursement for respiratory therapy will be based on the State of Florida Medicaid Therapy Services Coverage and Limitations Handbook procedure codes and corresponding reimbursement rates current as of October 2003, times a multiplier not to exceed 2.0. Provider negotiated Medicaid rates will not be accepted. Necessary procedures or services excluded from Medicaid may be submitted on a supplementary schedule.

Reimbursement for physical, occupational, and speech therapy visits will be based on the Associated Home Health Industries of Florida, Inc.'s Low Utilization Payment Adjustment (LUPA) Visit Payment Cost Calculations for MSA 5000 (Miami-Dade County), dated January 1, 2005. No multiplier rate will be applied to reimbursement for physical, occupational, and speech therapy visits.

Providers will be reimbursed for consumable medical supplies based on rates not to exceed the rates listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 Fee Schedule, revised February 14, 2005, times a multiplier of up to 1.10. In the absence of an existing Medicare rate, reimbursement for consumable medical supplies will be based on rates not to exceed those listed in the Florida Medicaid's Durable Medical Equipment for All Medicaid Recipients Fee Schedule (corrected file dated February 2, 2005) times a multiplier of up to 1.5. Equipment and supplies excluded from Medicare and Medicaid may be provided on a supplementary schedule.

d. **Units of Service for Reporting:** The unit of service for reporting monthly activity for this service is one hour of in-home service and the unduplicated number of clients served. Providers must account for each hour of home health care rendered based on the assistance categories listed above.

Provider monthly reports for consumable medical supplies must include the number of patients served, consumable medical supply distributions per patient, and dollar amounts per patient. Providers must also submit to the County a list of the consumable medical supplies that will be available to the HIV+ client through home health care services. This list must identify each piece of equipment and medical supplies using the appropriate Healthcare Common Procedure Coding System (HCPCS) code, along with the corresponding Medicare or Medicaid rate as defined in Section C above. Providers may submit a supplemental list for items that are not identified by Medicare first, or by Medicaid second.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded home health care services: (1) are permanent residents of Miami-Dade County; (2) have been determined homebound by their physicians (as defined by Medicaid Waiver) and have been referred for this service (eligibility certification must occur every six (6) months; (3) have AIDS, as defined by the CDC, or a condition that makes home health care medically necessary as certified by a physician; (4) have been re-certified, every six (6) months, as homebound as stated by the physician in the client's care plan following Medicare re-certification guidelines; (5) have a household income that does not exceed 300% of the Federal Poverty Level; and (6) have been screened for eligibility under the Medicaid Waiver home health care program. Clients receiving home health care services must be documented as having been properly screened for Medicaid, Medicaid Waiver, or other public sector funding (i.e., the Medically Needy Program) as appropriate. Clients who qualify for Medicaid, Medicaid Waiver or other public sector funding, for home health services will only be eligible for Ryan White Title I funding for those units of service that exceed the limitations defined by Medicaid, Medicaid Waiver, or other public sector funding.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

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LEGAL ASSISTANCE
(Year 15 Service Priority #13)

This service provides **Legal Assistance** to individuals with HIV spectrum disease who would not otherwise have access to these services. Services include assistance with estate planning, permanency planning, guardianship, and access to benefits, health care surrogates and other civil legal services, including issues faced by immigrants.

Special consideration will be given to providers who employ people living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Funds may be used to support and complement pro bono activities. All legal assistance will be provided under the supervision of an attorney licensed by the Florida Bar Association. Civil cases only are covered under this Agreement. Therefore, the service provider will assist eligible Title I clients with civil legal HIV-related problems which will benefit the overall health of the client and/or the Ryan White care delivery system in the following areas:

- Collections/Finance – issues related to unfair or illegal actions by collection agencies, banks, utilities, or other lending/service organizations; or financial concerns relating to hospitalization.
- Housing Discrimination Services – issues related to wrongful evictions, evictions based upon financial reasons, refusals to rent/sell, or hostile living environment.
- Employment Discrimination Services – issues related to discrimination while at work, unfair terminations, unfair promotion policies, or hostile work environment.
- Accommodation Discrimination Services – issues related to denials of public accommodations/services.
- Adoption/Guardianship Services – issues relating to adoption and guardianship.
- Health Care Related Services – issues relating to ensuring that the client is treated in a fair manner, and issues relating to breach of confidentiality by divulging HIV status or other confidential medical/income information without the client's consent.

- Insurance Services – issues relating to seeking, maintaining, and selling of private insurance. This includes health and life insurance. Issues may also relate to refusal of coverage based upon "pre-existing conditions".

- Housing Services – issues relating to other than non-discrimination matters as defined above.

- Permanency Planning Services – issues relating to permanency planning as well as issues relating to will, power of attorney, health care surrogate, nomination of guardians, and estate planning.

- Dissolution of Marriage Services – issues relating to divorce proceedings.

- Child Custody/Visitation Services – issues relating to child custody and visitation litigation for parties who are already divorced or were never married.

- Child Custody/Visitation Services with Dissolution – issues relating to a divorce proceeding which involves child custody or child visitation. These cases will be designated as Child Custody/Visitation Services due to the amount of time and resources required for the child custody/visitation issues.

- Government Benefit Services – issues relating to obtaining or retaining public benefits which the client has been denied and is eligible to receive, including but not limited to Social Security Disability and Supplemental Income Services benefits, Unemployment Compensation, as well as welfare appeals, HOPWA appeals and similar public/government services.

- Individual Rights Services – this is a general service category that is used as the designation when another aforementioned service does not accurately reflect a client's legal issue.

- Rights of the Recently Incarcerated Services – this primarily relates to a client's right to access and receive medical treatment upon release from a corrective institution.

- Immigration Services – HIV+ clients will receive assistance with legal issues faced by immigrants who meet the eligibility criteria specified in this document.

Providers should demonstrate experience in providing similar services and the ability to meet the multi-lingual needs of the HIV/AIDS community

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** The unit of reimbursement for this service is *one hour* of consultation and/or advocacy at a rate not to exceed $85.00 per hour.

d. **Units of Service for Reporting:** Monthly activity reporting for this service will be on the basis of *one hour* of consultation and/or advocacy.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients receiving Title I funded legal assistance are permanent residents of Miami-Dade County and have a household income that does not exceed 200% of the Federal Poverty Level.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

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DAY CARE SERVICES
(Year 15 Service Priority #14)

Program-based in state licensed facilities relieving caregivers of HIV+ children on a temporary or continuing basis; or temporarily relieving indigent HIV+ individuals with children of their responsibilities for care, allowing them to keep health and social service appointments. There are two types of day care services: **standard day care services** and **intensive day care services.**

I. Standard Day Care Services

This level of day care provides comprehensive and developmentally appropriate childcare to HIV+ asymptomatic children or children of HIV+ parents. These day care services include educational and social support to children requiring minimal medical care on a day-to-day basis. Please note that a child needing medications dispensed on a daily basis may be included in this standard day care program.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** These services are to be provided at state licensed day care centers on a continuing basis if the child is HIV positive; but temporarily if the child is HIV negative and the caregiver is HIV positive and requires this service only to attend medical and/or social service appointments. Agencies that are funded for this service must provide two (2) snacks and one (1) lunch to each child attending on a full-time basis (i.e., 8+ hours per day). Transportation for children to and from the day care program is a required service that providers may include as an allowable expense as part of their line item budget.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** The unit of service for reimbursement is the *number of filled day care slots per hour*. The rate for standard day care services may not exceed $3.75 per hour for each child. Children are enrolled in the day care program on a weekly basis. Providers must develop criteria, to be approved by the County, for determining limits on the number of reimbursable days for child absences, including vacation and sick days. At a minimum, this criteria must include: (1) the number of hours per day care day (e.g., if the agency's day consists of 8 hours, the number of reimbursable units per day care slot will be 8 per day); (2) the number of days per week that standard day care services are provided; (3) the total number of standard day care slots

approved by the Department of Children and Families; (4) the number of standard day care slots assigned to the Title I program; and (5) the number of absences allowed before a client is removed from the day care slot.

d. **Units of Service for Reporting:** Monthly activity reporting for child day care will be based on the number of *hours* of day care services provided by the agency.

e. **Client Eligibility Criteria:** Providers must document that HIV+ asymptomatic clients receiving Title I funded day care services are 1) permanent residents of Miami-Dade County, and 2) have a household income that does not exceed 300% of the Federal Poverty Level. Clients receiving day care services must be documented as having been properly screened for Medicaid, Medicaid Waiver, or other public sector funding as appropriate. While clients qualify for and can access other public funding for day care services, they will not be eligible for Ryan White Title I funding for this service.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

II. Intensive Day Care Services

This level of day care provides comprehensive and developmentally appropriate childcare focusing on medically involved children who are HIV+ symptomatic and/or have AIDS. This day care service includes educational and social support to children requiring medical care on a day-to-day basis. Day care service staff, at a minimum, must include a Registered Nurse and certified staff to provide medical care on an as needed basis (i.e., administer medications, speech therapy, monitor feeding tubes, etc.).

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** These services are to be provided at state licensed day care centers. Agencies that are funded for this service must provide two (2) snacks and one (1) lunch to each child attending on a full-time basis (i.e., 8+ hours per day). Transportation for children to and from the day care program is an optional service that providers may include as an allowable expense as part of their line item budget.

Providers must specify plans to individualize the provision of care in an effort to satisfy the medical and social needs of each child. Each plan must incorporate parent participation. Agencies must demonstrate existing linkages with medical, special immunology, social services, and other providers.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** The unit of service for reimbursement is the *number of filled day care slots per hour*. The rate for intensive day care services may not exceed $7.00 per hour for each child. Children are enrolled in the day care program on a weekly basis. Providers must develop criteria, to be approved by the County, for determining limits on the number of reimbursable days for child absences, including vacation and sick days. At a minimum, this criteria must include: (1) the number of hours per day care day (e.g., if the agency's day consists of 8 hours, the number of reimbursable units per day care slot will be 8 per day); (2) the number of days per week that intensive day care services are provided; (3) the total number of intensive day care slots approved by the Department of Children and Families; (4) the number of intensive day care slots assigned to the Title I program; and (5) the number of absences allowed before a client is removed from the day care slot.

d. **Units of Service for Reporting:** Monthly activity reporting for child day care will be based on the number of *hours* of day care services provided by the agency.

e. **Client Eligibility Criteria:** Providers must document that clients receiving Title I funded intensive day care services: 1) are permanent residents of Miami-Dade County; (2) are HIV+ symptomatic or have AIDS (as defined by the CDC); and (3) have a household income that does not exceed 300% of the Federal Poverty Level. Clients receiving day care services must be documented as having been properly screened for Medicaid, Medicaid Waiver, or other public sector funding as appropriate. While clients qualify for and can access other public funding for day care services, they will not be eligible for Ryan White Title I funding for this service.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

UTILITIES ASSISTANCE
(Year 15 Service Priority #15)

This service includes the provision of timely short-term emergency payments to vendors on behalf of HIV+ clients for **utilities (water & sewer, gas, electricity and basic local telephone service)**. Total amount of assistance for any one client will be based on need, financial status, and eligibility for other public benefit programs, including the Housing Opportunities for Persons with AIDS (HOPWA) program, and may only be accessed after the client has exhausted HOPWA's twenty-one week utility assistance benefits for payment of monthly or final utility bills, or if the client is denied HOPWA assistance. Clients who are not able to access HOPWA utility assistance must document such circumstances and a copy of such documentation must be kept in the client's file. This type of assistance will be limited to a combined maximum of $1,200 per year (Title I and HOPWA combined), and a Title I maximum of $100 per month, paid directly to utility companies or other vendors based on need. Under no circumstances shall payment be made directly to recipients of this service. It is important to note that maximum allowances are contingent on voucher availability, and client need relative to the documented need of other eligible clients.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Programs offering utility assistance must specify the total dollar amount of utility payments allocated for each month. This monthly allocation must be consistent throughout the duration of the contract period and must take into consideration the total budget request, agency capacity, client eligibility, and demand for this service. For any given month, once an allotment of utility payments has been exhausted, providers may **not** continue to provide utility assistance for that month. If the monthly allocation has been exhausted prior to the end of the month, providers must report this information to the County. Outbound referrals may not be made for utility assistance, unless the required documentation has been reported (via fax) to the County. Providers are responsible for verifying County receipt of this information.

Providers must inform clients that this type of assistance is **not** an entitlement and is only available on an emergency basis. Therefore, the level of assistance provided to individual clients is based on relative need. Clients must also be informed that the availability of utility assistance is contingent upon funding availability and, therefore, the continuance of this type of assistance is not guaranteed.

Providers are required to assist clients who demonstrate the greatest need for these services. Therefore, providers must take into account not only minimum eligibility requirements, but also the following ranking system and definition of emergency to determine relative need:

Definition of Emergency

An emergency is an extreme change: loss of income (i.e., job loss, death or departure of person providing support), loss of housing, release from institutional care (substance abuse treatment, hospital, jail or prison) within the last two weeks. Duration is to be short. Other emergencies, as defined by the client's case manager, must be documented in the client's record as they arise.

System for Assessing/Ranking Relative Need

Case managers are required to apply the following ranking system to each client when a request for utility assistance is received and prior to making a referral for this service:

Factor	Number of Points Assigned
Extreme change (emergency)	15
Income less than 100% of the Federal Poverty Level	3
Income less than 75% of the Federal Poverty Level	4
Income less than 50% of the Federal Poverty Level	5
Undocumented Client	2
Client has dependents (1 point for each dependent to a maximum of 3)	1-3

Providers must also ensure that payment to utility vendors on behalf of clients is done in a timely manner in order to avoid interruption of utility services.

Case management providers who wish to offer utility assistance services must clearly state how a complete separation between case management and utility assistance services will be maintained, other than eligibility screening and processing six (6) month referrals. Case managers will in no way be involved in processing utility assistance payments on behalf of Title I clients.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed based on properly documented invoices from vendors for vouchers or client accounts. Dispensing charges, not to exceed 15%, will be reimbursed after services have been provided, client utilization and disbursement information is submitted to the County, and vendor payment has been documented.

d. **Units of Service for Reporting:** The unit of service for monthly reporting is dollars per client. Programs must also report the number of unduplicated clients served each month, and the dollars spent per client on detailed utility payments.

e. **Eligibility Criteria:** Clients must have a case management referral to receive this service. Client eligibility for this service must be certified by a case manager every six (6) months. Total amount of assistance for any one client will be based on need, financial status, and eligibility for other public benefit programs (i.e., HOPWA). This type of assistance will be limited to a combined maximum of $1,200 per year (Title I and HOPWA combined), and a Title I maximum of $100 per month, and may only be accessed after the client has exhausted HOPWA's twenty-one week utility assistance benefits for payment of monthly or final utility bills, or if the client is denied HOPWA assistance. Clients who are not able to access HOPWA utility assistance must document such circumstances and a copy of such documentation must be kept in the client's file. Providers must document that HIV+ clients who receive utility assistance: (1) are permanent residents of Miami-Dade County; (2) have AIDS (as defined by the CDC); (3) have a household income that does not exceed 150% of the Federal Poverty Level; and (4) have been screened for eligibility under the Life Line Program for telephone services. Clients receiving utility assistance must be documented as having been properly screened for other public sector funding as appropriate. While clients qualify for and can access other public funding for utility assistance, they will not be eligible for Ryan White Title I funding for this service.

   Clients who meet minimum eligibility requirements for Ryan White Title I utility assistance may receive one-month of utility assistance services. No additional utility assistance will be given until the client presents the case manager with proof of completed eligibility screening for other programs and the case manager has obtained proof of eligibility or documentation of non-eligibility.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

   Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

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TRANSPORTATION SERVICES (VANS)
(Year 15 Service Priority #16)

This service provides free transportation to and from HIV service programs, Miami-Dade HIV/AIDS Partnership functions, and/or home for HIV+ patients and their qualified dependents and/or caregivers in cars or vans operated directly by the service providers.

Providers of **Transportation Services (Agency Based Transportation/Vans)** must demonstrate coordination with Miami-Dade transportation agencies and services, Medicaid Special Transportation and Special Transportation Services (STS) and other existing transportation programs to avoid duplication of services.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** These services are provided in combination with core services to clients of HIV service programs.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care*. (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** The unit of service for reimbursement for this service will be a one-way trip at a rate not to exceed $12.00 per one-way trip (i.e., each way).

d. **Units of Service for Reporting:** Monthly activity reporting for this service will be on the basis of one-way trips.

e. **Client Eligibility Criteria:** Providers must document that HIV+ clients who receive Title I funded agency based transportation services: (1) are permanent residents of Miami-Dade County; (2) have a household income that does not exceed 150% of the Federal Poverty Level; and (3) have been documented as having been properly screened for other public sector funding as appropriate. Qualified dependents and/or caregivers are eligible to receive free agency based transportation with the client. While clients qualify for and can access other public funding for transportation services, they will not be eligible for Ryan White Title I funding for this service.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

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TRANSPORTATION VOUCHERS
(Year 15 Service Priority #17)

This service provides Metro transportation passes or tokens to eligible HIV+ clients attending medical and/or social service appointments and their qualified dependents and caregivers. This includes monthly and daily passes.

Providers of **Transportation Vouchers (Passes and/or Tokens)** must demonstrate coordination with Miami-Dade transportation agencies and services, Medicaid Special Transportation and Miami-Dade Special Transportation Services (STS) and other existing transportation programs to avoid duplication of services. In addition, providers of transportation vouchers must apply to the Miami-Dade Transit Transportation Disadvantaged Program in order to obtain assistance for clients eligible under that program.

Special consideration will be given to providers who employ persons living with HIV/AIDS (PLWHs or PLWAs) and include them in the provision of service.

a. **Program Operation Requirements:** Programs offering transportation vouchers must specify the total dollar amount of vouchers allocated for distribution each month. This amount must be consistent throughout the duration of the contract period and must take into consideration the total budget request, agency capacity, client eligibility, and demand for this service. For any given month, once an allotment of vouchers has been exhausted, providers may not distribute additional vouchers for that month. If the monthly voucher allocation has been exhausted prior to the end of the month, providers must report this information to the County. Outbound referrals may not be made for transportation vouchers unless the required documentation has been reported (via fax) to the County. Providers are responsible for verifying County receipt of this information.

   Providers must inform clients that this type of assistance is **not** an entitlement and is only available on an emergency basis. Therefore, the level of assistance provided to individual clients is based on relative need. Clients must also be informed that the availability of transportation vouchers is contingent upon funding availability and, therefore, the continuance of this type of assistance is not guaranteed.

   Providers must specify criteria, policies, and procedures utilized to determine transportation voucher allotments for clients, that must take into account not only minimum requirements, but also consideration for those clients who demonstrate the greatest need for these services.

   Documentation of monthly medical and social service appointments must be submitted by the client to the case manager before the client can receive transportation vouchers.

b. **Service Delivery Standards:** Providers of this service will adhere to the *Ryan White Title I System-wide Standards of Care.* (Please refer to Section III of this booklet for details.)

c. **Units of Service for Reimbursement:** Providers will be reimbursed based on properly documented invoices from vendors for vouchers or client accounts. Dispensing charges, not to exceed 15%, will be reimbursed after services have been provided, client utilization and disbursement information is submitted to the County, and vendor payment has been documented.

d. **Units of Service for Reporting:** Providers must report monthly activity according to the dollar amount of the vouchers issued, the number of vouchers, and the unduplicated number of clients served.

e. **Client Eligibility Criteria:** Clients must have a case management referral to receive this service, and client eligibility for this service must be certified by a case manager every six (6) months. Providers must document that HIV+ clients who receive Title I funded transportation vouchers: (1) are permanent residents of Miami-Dade County; (2) have AIDS (as defined by the CDC); and (3) have a household income that does not exceed 150% of the Federal Poverty Level. Clients receiving transportation vouchers must be documented as having been properly screened for other public sector funding as appropriate. Qualified dependents and caregivers are eligible to receive transportation vouchers as long as they are not eligible to receive and cannot access this service under another funding source [i.e., Miami-Dade County Golden Pass Program, Special Transportation Services (STS), Medicaid, etc.]. While clients qualify for and can access other public funding for transportation services, they will not be eligible for Ryan White Title I funding for transportation services.

   Clients who meet minimum eligibility requirements for Ryan White Title I transportation voucher services may receive a one-month supply of transportation vouchers. No additional vouchers will be given until the client presents the case manager with proof of completed eligibility screening for other programs and the case manager has obtained proof of eligibility or documentation of non-eligibility.

f. **Performance Improvement and Outcome Measures:** Providers will develop performance improvement programs, and collaborate with the Miami-Dade County Title I Performance Improvement Program.

   Providers will be measured against the outcome measures contained in the Performance Improvement Plan. They will be responsible for collecting and reporting on certain data to measure performance, as detailed in the Performance Improvement Plan.

MIAMI-DADE HIV/AIDS PARTNERSHIP (PLANNING COUNCIL)
STAFF SUPPORT
(Year 15 Service Priority #18)

Background

Staff support facilitates the functions and responsibilities of the Miami-Dade HIV/AIDS Partnership (Planning Council), County Board established by Ordinance No. 02-35 in accordance with the requirements of the Ryan White C.A.R.E. Act and other federal and state HIV related grant programs. The Partnership's powers, duties, functions, and responsibilities include:

- Establish methods for obtaining input on community needs and priorities which may include public meetings, conducting focus groups, and convening ad-hoc panels.

- Develop a community-wide comprehensive plan for the Partnership and health services that is compatible with the State of Florida and the County's plan regarding the provision of health services to individuals with HIV/AIDS.

- Establish prevention, housing, and care and treatment recommendations, including priorities.

- Establish priorities for the allocation of Title I within the County, including how best to meet each such priority and individual factors that the County should consider in allocating funds under Title I of the Ryan White C.A.R.E. Act based on the following:

    a. documented needs of the HIV-infected population with the County;

    b. cost and outcome effectiveness of proposed strategies and interventions, to the extent that such data are reasonably available;

    c. priorities of the HIV-infected communities for whom the services are intended; and

    d. availability of other governmental and non-governmental resources.

a. Program Operations Requirement

Providers of this service are required to have extensive experience in health care planning, website development and maintenance, research skills, grant writing, experience in board development, and knowledge of HIV/AIDS issues.

b. **Staff Support Activities**: These services include, but are not limited to the following staff functions:

Planning, Coordination, and Staffing of Partnership Activities

1) Provision of clerical and professional staff support services to the Partnership, its standing committees, ad-hoc committees, the Chair of the Partnership, the Chair-Elect, Committee Chairs, grantees and the County as it relates to the business of the Partnership and its committees.

2) The staff support entity will be responsible for securing meeting rooms for Partnership and committee meetings. Meeting locations should be accessible by public transportation or the staff support entity will be responsible for making alternative arrangements. Facilities must also be accessible to persons with disabilities as required by the Americans with Disabilities Act (ADA) and meetings must be conducted in accordance with Miami-Dade County's policies regarding ADA compliance.

3) The staff support entity will assist the Chair of the Partnership, Chair-Elect, and the Chairs of committees with scheduling of meetings and the preparation of meeting agendas. Staff is specifically responsible for all meeting logistics, including scheduling, notification to the public, identification of meeting site, acquisition of meeting supplies and necessary equipment, preparation and duplication of meeting materials (as needed), the provision of refreshments to Partnership members at meetings to conduct Partnership business.

4) The staff support entity will be responsible for publicly noticing all meetings of the Partnership and its committees in accordance with the Government in the Sunshine Law, tape recording of all meetings, production of written minutes for all meetings, distributing meeting notices and other documents, drafting correspondence, and all record keeping and reporting functions for the Partnership.

5) The provider of staff support services must also be able to respond to requests for information from the public pertaining to Partnership business.

6) Partnership staff, in addition to those duties outlined above, will be required to have at least one staff member attend all meetings of the Partnership and committees to provide assistance to the various groups. Partnership staff must at all times act in accordance with the County Ordinance which established the Partnership, the Partnership's bylaws, and the Partnership's Policies and Procedures Manual and monitor the Partnership's compliance with same. Specific staff responsibilities will vary from committee to committee based on the responsibilities of each

specific group. The provider will also be required to provide guidance to the committee Chairs regarding Robert's Rules of Order and the proper conduct of a meeting.

7) The provider will be responsible for performing analysis of policy changes made by the Partnership and its committees and report any findings to the Partnership for its consideration. In addition, staff must follow directions given in the form of a motion by a committee or the full Partnership. Staff will be required to follow-up on such directives and requests in a timely manner and report back to the County, the Partnership or committee regarding progress, etc.

8) The provider will be responsible for coordinating and facilitating all Partnership activities pertaining to grievance resolution in accordance with the Miami-Dade HIV/AIDS Partnership's Grievance Procedures (for grievances against the Partnership). In addition, the provider of this service will be expected to assist the Partnership with evaluating and modifying its grievance policies and procedures as necessary.

9) The Partnership staff support entity must also budget sufficient resources to provide support and assistance to Partnership members in accordance with the Partnership's Reimbursement Policies and Procedures, as well as County and federal guidelines.

Research, Data Collection, Reporting & Document Production

This component of staff support services includes document production and periodic updates to the Partnership's Needs Assessment and, Comprehensive Plan for the delivery of HIV/AIDS services in Miami-Dade County; preparation of the County's annual Ryan White Title I grant application; and preparation of other reports as necessary. These responsibilities will involve extensive research and data collection, in addition to report preparation and document production. The provider will be expected to conduct research, analysis, report findings, and make recommendations, to the Partnership, its Committees, and the County in response to Partnership directives.

Assessment of HIV/AIDS Service Needs in Miami-Dade County

Needs assessment is the cornerstone of the Ryan White C.A.R.E. Act planning process. It is an essential component of the Miami-Dade HIV/AIDS Partnership's process of determining service priorities and funding allocations on an annual basis.

The provider will be responsible for conducting the needs assessment and all related activities as directed by the Partnership and its committees. At the conclusion of these activities a final needs assessment document summarizing

these activities and findings must be published and provided to Partnership members and the County. This document will serve as the basis for the service priorities and funding allocations to be established by the Partnership.

Needs assessment activities must include processes to determine the needs of those individuals who know their HIV status and are not receiving primary medical care. Findings and recommendations regarding this population must be incorporated in the Title I grant application, the HIV/AIDS Comprehensive Plan, and other documents as appropriate.

The provider of this service must incorporate in the needs assessment activities conducted for the Miami-Dade HIV/AIDS Partnership any and all applicable federal legislative requirements.

The preparation of the Needs Assessment require extensive experience in research methods; data analysis and presentation; survey design and methodologies; statistical and policy analysis; health planning; and general knowledge of HIV/AIDS issues.

Preparation of the Ryan White Title I Grant Application

The specific elements of Miami-Dade county's annual Ryan White Title I grant application that the provider of this service will be responsible for preparing vary slightly from year to year based on the application guidance issued by the Federal government.

The performance of this duty requires excellent grant writing skills and the ability to access statistical data related to HIV epidemiology in Miami-Dade County. The provider of this service must work closely with the County. The provider must also meet all deadlines, produce high quality work products, and be able to quickly revise drafts based on input from the County and the Partnership. In addition, the provider of this service must be able to incorporate information on the Needs Assessment process (see description below) and the HIV/AIDS Comprehensive Plan, in its entirety, in the Title I grant application.

Updates to the HIV/AIDS Comprehensive Plan

The Partnership's HIV/AIDS Comprehensive Plan is composed of the following elements: a vision statement; statements of shared values; major goals with specific objectives; and a master schedule that includes specific dates of implementation or completion of each objective.

The provider will be responsible for updating the HIV/AIDS Comprehensive Plan as necessary. In addition, the provider will also be expected to furnish technical assistance to the Partnership in the implementation of the Strategic Plan and assist in the development and revision of the implementation schedule as necessary.

The provision of these services requires extensive experience in research methods; data analysis and presentation; survey design and methodologies; statistical and policy analysis; health planning; and general knowledge of HIV/AIDS issues.

Outreach, Public Relations, Recruitment, & Training

This component of staff support services include outreach and public relations activities that would increase community awareness of the importance of participating in the Title I HIV/AIDS planning process, and specifically focus on improving the level of involvement from persons living with HIV. One of the primary objectives of these activities is to recruit new members to the Partnership. The provider of this service will be required to conduct culturally sensitive outreach efforts with special emphasis on parity, inclusiveness and representation and engaging persons living with the virus and consumers of Title I services. The service provider must identify specific strategies to reach out to special target groups of the HIV/AIDS community.

The provider will also be responsible for assisting the County with orientation sessions for new Partnership members, as well as developing and maintaining training workshops for current members of the Partnership. Workshop topics for Partnership members will address various issues ranging from updates on HIV/AIDS research to subjects such as health policy and program planning. Providers will be required to schedule, coordinate, and arrange for training workshop logistics and provide appropriate written and visual materials as necessary.

The provision of the services included in this component require experience working with the HIV/AIDS community; experience in implementing effective media and outreach campaigns; experience in developing and conducting effective training programs; and general knowledge of HIV/AIDS issues.

Miami-Dade HIV/AIDS Partnership Website Development and Maintenance

This component of staff support services requires the continuous development and maintenance of the Miami-Dade HIV/AIDS Partnership's Internet website (www.aidsnet.org) to foster public interest in Partnership activities, and make important information on HIV/AIDS services and programs easily accessible to the community, including consumers, health care and social services providers and representatives of State and local governments. The provider will be responsible for updates to the information posted on the website.

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SERVICE DELIVERY INFORMATION SYSTEM
(Year 15 Service Priority #19)

The Ryan White Title I Service Delivery Information System (SDIS) is a centralized computer network that facilitates coordination of services and communication across Title I funded providers of HIV/AIDS medical and social support services.

Key features of the SDIS include:

1. An on-line mechanism that facilitates standardized, systematic data collection from all Title I service providers.

2. Core functions that facilitate the collection of client demographic data, medical and financial eligibility information, service utilization data, and the preparation and production of standard reports, including service providers' monthly reimbursement requests (billing).

3. Task management and communication by case managers through powerful tools such as mailbox, E-Mail, Follow-up, and Referrals.

4. User access to an on-line resource directory.

5. Serves as the backbone of the Ryan White Title I Coordinated Case Management System by:

6. Allows case managers immediate access to client information via the system's Service Delivery/Utilization option, including client eligibility for Title I funded services.

7. Reduces duplication and fragmentation within the service delivery system.

8. Assures greater continuity of the client's care plan and adherence to eligibility requirements under the Title I program.

9. Allows users to input, at a minimum, Ryan White Title I required intake client data through the Registration/Intake option.

10. Allows entry of units of services provided (client encounters).

The functions and features listed above will only be available for clients who have completed in full and signed the SDIS Consent to Release and Exchange Information Form.

The Service Delivery Information System is and will remain complaint with Year 2K requirements and with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

On-going Maintenance Activities and Frequency:

The SDIS System Manager will continue to maintain the System for Miami-Dade County and Title I funded providers. The following are on-going activities and duties associated with the daily operations of the SDIS:

- Create and update system dictionaries and tables, including service provider specific fee schedules.

- Respond to, diagnose, and report system errors in hardware, software, and those generated by users. System management staff will diagnose and correct errors as they occur.

- Perform system backups to tape. This process includes backups of key databases.

- Verify database integrity and structure on the main server and backup server by running a comprehensive batch job.

- Run various reports to ensure the integrity of the data. These reports include, but are not limited to: Duplicate Clients Report, Service Delivery Report (# of units per service category), Service Delivery Costs by Service Category Report, Aggregate Demographics Report.

- Check hard disks for errors, de-fragment the hard disks, and compress the datasets.

- Provide routine technical assistance to users, including assistance on issues ranging from a request for simple instructions to solutions to complex system operation problems.

- Provide users system documentation appropriate for each user level. System documentation must be updated as system modifications are implemented.

- Produce non-routine and non-standard reports. This includes reports for the Title I Needs Assessment, Title I grant application, the Miami-Dade HIV/AIDS Partnership, its committees and the Title I grantee.

- Provide the County and/or its designee all service utilization data and client demographic information in ASCII numeric format; fixed field format is preferred, but comma delimited is acceptable.

- Inventory of equipment: track movement of hardware components by location and date; file and maintain provider agreements for equipment loan/responsibility; maintain adequate insurance coverage on equipment; allow Miami-Dade County Office of Strategic Business Management (OSBM) access to inventory records,

conduct inventory of hardware, in the field and on-site, and provide OSBM a written inventory report upon request *(frequency: as needed and on-going).*

- Conduct duplicate client checks regularly and as requested by OSBM or Title I providers. Duplicate client checks should only include active clients. The System Manager and service providers will coordinate the merge of client records verified to be duplicates to create one unique record. Service providers will be expected to submit a record merge request indicating the following information: the client's CIS #, SFAN # (if available), JMH # (if available), Social Security #, and/or agency ID #. Active clients are defined are those individuals who have received at least one service during the current fiscal year *(frequency: as needed and on-going).*

- Assist Title I providers with uploading (transfer) information into the SDIS; examine data to ensure integrity, maintain a log of all data transfers conducted, and report this information to OSBM on a monthly basis.

- Allow Title I service providers' access to client records, only if the providers have an SDIS Consent to Release and Exchange Information Form signed by the client.

- Allow Title I service providers access to the following SDIS functions and other functions resulting from system enhancements performed under this agreement: Registration/Intake, Service Delivery/Utilization, Standard Reports, Billing, Mailbox, and case management functions which include Follow-Up, Progress Notes, Referrals, Eligibility Verifications, Resource Directory and Case Management reports.

- Update the SDIS Case Management Module (care plan) in accordance with the standard Client Needs Assessment tool to be adopted by the Miami-Dade HIV/AIDS Partnership and the County.

- Update the SDIS in accordance with standard forms adopted by the HIV/AIDS Partnership for collection of demographic data, medical and financial client eligibility information, as well as any other form specified below.

- Assist the County with maintaining and updating service codes available in the SDIS to identify specific services provided to Title I service recipients under each service category.

- Update and maintain the SDIS HIV/AIDS Resource Directory to include Title I and non-Title I services available in the community.

- Develop a plan for future system upgrades (i.e., software releases, and hardware enhancements) along with a preliminary budget.

- Perform a gap analysis (comparison) of existing system capabilities and newly developed specifications to identify needed modifications.

- Update user support policies and procedures as necessary; incorporate this information in documentation (i.e., training manual) distributed to users.

- Update report formats (i.e., reimbursement reports, CARE Act Data Reports, Progress Reports, etc.) based on new specifications to be provided by the County, as necessary.

- Develop a comprehensive user-training curriculum and provide training slots for Title I providers as necessary and as agreed upon by the System Manager and Miami-Dade County. Each training session should be approximately one half/full day in length. The sessions will accommodate up to six SDIS users. Three types of training sessions will be offered: Core, Case Management, and Billing. Miami-Dade County will be notified of the users and Title I service providers who participate in each training session. This information will be submitted to Miami-Dade County on a monthly basis.

- Provide an up-to-date SDIS training manual to each user attending the training sessions.

- Provide technical assistance site visits to Title I service providers. Site visits will be limited to resolving problems related to the hardware, software, and/or communications capabilities of the SDIS, as well as technical issues that cannot be diagnosed and/or corrected over the phone.

- Maintain existing communication ports [with room for expansion] for currently funded Title I providers for access to the SDIS, and provide new communication ports as needed.

- Maintain existing telecommunication lines [with room for expansion] to link currently funded Title I providers to the central system located at the System Manager's office, and provide new telecommunication lines as needed.

- Pick-up SDIS equipment from Title I providers once funding expires. This activity will be conducted by a mutually agreed upon date.

- Conduct SDIS User Group sessions on a semi-annual basis. Additional sessions will be scheduled based on user request.

- Update, as needed, and submit to Miami-Dade County the hardware criteria for the installation of equipment at provider sites. Equipment installation will be performed upon approval by the County at a date mutually agreed upon by the System Manager and the service provider. The System Manager will not install additional equipment at a service provider site without prior approval from the County.

Additional System Enhancements

Special Features

- Enhance the ability to generate a receipt for services rendered by individual providers, to include, at a minimum, the following information: service provider name, client CIS #, date of service, description of service rendered (service category), units of service rendered, cost per unit, and total charge to the Title I program.

Data Verification/Quality Control

- Track by client, not by provider (i.e., across all providers), utilization of services with maximum limits or other types of restrictions. Warn users of instances when a client will exceed an established limit, while allowing for dependents when appropriate based on Title I service specifications.

- Update the SDIS to include specific service limitations as these change during the year (i.e., grocery vouchers weekly, monthly, and annual limits; utility assistance monthly and annual limits; transportation vouchers restrictions; dental care and prescription drug limitations; food service restrictions limiting client enrollment to only one food service program at a time, etc.) in order to facilitate monitoring of service utilization and providers' compliance with program specifications.

- Continue to alert users of a possible duplicate at the time of data entry, and add to the system a pop-up reminder that would prompt users to access the edit function to correct entry (i.e., two vouchers to one client on the same day).

- Increase reasonability checks, quality assurance and control, data integrity and error checks.

- Develop additional data verification prompts to ensure that users enter accurate information in the system (minimize entry of "out of range" data).

Case Management

- Continue to provide system capability to perform inter-agency referrals that are not certified.

- Continue to provide system capability to generate all referrals at the end of the Care Plan through the Standard of Care Print function.

Billing

- Maintain in the system three options for billing voucherable services:

    1. Regular monthly reimbursement requests;

2. Request for an advanced payment of dollars needed to purchase vouchers only; dispensing fee to be reimbursed at a later time (partial pre-payment);

3. Request for an advanced payment of dollars needed to purchase vouchers and the dispensing fee (full pre-payment usually done at the end of the contract period to allow bulk purchases).

All options must be available to all providers contracted to distribute vouchers; however, only one option may be selected at any given time. These options should also be available under each contract awarded to a provider, if the contract includes voucherable services.

System Security

- Develop and update a security and disaster recovery plan to include security profiles for all users and design templates, as needed and on-going, based on user utilization of the system.

Requests Not Included in the Scope of SDIS Maintenance Services

- This service covers all costs associated with initial installation and configuration of standard hardware and software necessary to access and operate the SDIS. Additional requests submitted to the System Manager by Title I service providers (i.e., move equipment; modify, change or upgrade equipment/software, etc.) are not covered under the scope of SDIS maintenance services funded by Title I, unless otherwise indicated by the County.

- Requests made to the System Manager by Title I service providers to perform site visits for problems not related to the hardware, software, or communication failures specific to the SDIS are not covered under the scope of SDIS maintenance services.

- Requests by individual providers for customized programming are not covered under the scope of SDIS maintenance services, unless the System Manager and Miami-Dade County agree to approve such request due to possible enhancements to the SDIS and potential benefits to other service providers.

- Requests made to the System Manager by Title I service providers to have additional training slots for Core, Case Management, Billing or any other hardware/software training not related specifically to the SDIS are not covered under this scope of SDIS maintenance services.

QUALITY MANAGEMENT
(Year 15 Service Priority #20)

Quality Management assesses the extent to which HIV health services provided with Title I grant funds are consistent with the most recent Public Health Services (PHS) guidelines for the treatment of HIV disease and related opportunistic infections, and to develop strategies for ensuring that such services are consistent with the guidelines for improving access to care and the quality of HIV health services.

a. Program Operations Requirement

Providers of this service are required to have extensive experience in quality management and improvement, research, data analysis, knowledge of health care administration, familiarity with the HIV system of care and knowledge of current HIV/AIDS issues.

b. Federal Requirements

The federal granting agency, the U.S. Health Resources and Services Administration (HRSA), has defined quality as follows:

"Quality is the degree to which a health or social service meets or exceeds established professional standards and user expectations. Evaluations of the quality of care should consider (1) the quality of the inputs, (2) the quality of the service delivery process, and (3) the quality of outcomes, in order to continuously improve systems of care for individuals and populations."

Based on federal requirements, quality management programs must accomplish a three-fold purpose:

1) Assist direct service medical providers funded through the C.A.R.E. Act in assuring that funded services adhere to establish HIV clinical practice standards and Public Health Services guidelines to the extent possible.
2) Ensure that strategies for improvements to quality medical care include vital health-related supportive services in achieving appropriate access and adherence with HIV medical care.
3) Ensure that available demographic, clinical and health care utilization information is used to monitor the spectrum of HIV related illnesses and trends in the local epidemic.

While the focus and ultimate goal of quality management is improved health status for clients, the quality management program looks beyond clinical services to include consideration of both supportive services that link clients with health care and community/population outcomes.

Quality Management programs must conform to the following federal expectations:

1) Use data and measurable outcomes to determine progress toward relevant, evidenced-based benchmarks.
2) Focus on linkages, efficiencies and provider and client expectation in addressing outcome improvement.
3) Be a continuous process that is adaptive to change and fits within the framework of other programmatic quality assurance improvement activities (i.e., Joint Commission on the Accreditation of Hospitals Organization [JACHO], Medicaid and other HRSA programs).
4) Ensure that data collected is fed back into the quality improvement process to assure that goals are accomplished and that they are concurrent with improved outcomes.

c. Quality Management Activities

Providers of quality management services will be expected to perform, at a minimum, the following activities:

1) Develop and implement a quality management plan and performance improvement initiative that integrates service providers, consumers, the Miami-Dade HIV/AIDS Partnership, and the County in a coordinated, continuous quality improvement program. This initiative must include specific benchmarks and on-going activities such as assessment and training.

2) Recommend measurable system level outcomes, as well as client centered and process outcomes for services funded under Title I. Outcome measures should document the impact of Title I funds on improving access to quality care and treatment.

3) Evaluate the existing Title I system of care, including case management and system-wide standards of service, and identify problems in service delivery that affect health status outcomes at the client and system levels.

4) Evaluate the quality and effectiveness of Title I funded services and report to the Miami-Dade HIV/AIDS Partnership with recommendations on service policies, standards of care and funding allocations.

5) Assist the Miami-Dade HIV/AIDS Partnership with the integration of quality management efforts in the HIV/AIDS Comprehensive Plan.

6) Evaluate service costs in relation to the quality of service delivery and make recommendations to the Miami-Dade HIV/AIDS Partnership and the County on appropriate reimbursement structures for specific services.

7) Utilize the Title I Service Delivery Information System (SDIS) to analyze the quality of services rendered by Title I providers and make recommendations to the Miami-Dade HIV/AIDS Partnership and the County on system modifications and data collection.

8) Assist the County, as needed, with monitoring activities pertaining to service providers' compliance with quality management and continuous quality improvement (CQI) requirements.

9) Develop appropriate methodologies and conduct client record reviews for Title I funded services. Report findings to service providers, the Miami-Dade HIV/AIDS Partnership and the County.

10) Provide follow-up technical assistance to service providers with identified need for quality management improvements. Coordinate technical assistance efforts with the County to ensure comprehensive assistance to funded agencies.

d. Training Activities

Training Program for Case Management Staff

A primary goal of the case management training program is to enable case management staff to facilitate access to primary medical care and related HIV/AIDS services to persons infected with HIV through increased knowledge of case management and greater exposure to existing resources. To this end, the training program will include basic case management training as needed and monthly supplemental training. The curriculum will include the steps and details of case management (intake, assessment, care planning, monitoring), documentation, service coordination and HIV-related issues. Supervisors will also receive at least part of their required training through Title I.

Training Program for Medical Staff

Training for this provider segment will include the PHS guidelines, Title I Standards of Care, Title I services as well as community resources to address client needs for supportive services, and coordination of care with other care providers.

Training Program for Outreach Workers

The training curriculum for outreach workers will include recognition of high risk behaviors and effective strategies for linking client to care, negotiating and communication skills, documentation of service delivery, coordination with other care givers, including testing sites, and cultural sensitivity.

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Ryan White Title I
Service Delivery Policies
Fiscal Year 2005-06
(Year 15)

Section II –
Cost and Eligibility Summary

Miami-Dade County
Office of Strategic Business Management

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RYAN WHITE TITLE I

COST AND ELIGIBILITY SUMMARY
FY 2005-06 (YEAR 15)

Miami-Dade County
Office of Strategic Business Management

Effective March 1, 2005

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Outpatient Medical Care [including Minority AIDS Initiative ("MAI") program]	Client Visit and Unduplicated # of Clients Served	Multiplier applied to reimbursable procedure rate listed in the Year 2005 Medicare Part B Physician and Non-Physician Practitioner Fee Schedule (Participating, Locality 04), dated November 18, 2004, for Evaluation and Management (E&M) codes for outpatient medical care and psychiatric visits only. All other non-E&M procedures will be reimbursed at the 2005 Medicare rate. No multiplier will be applied to non-E&M procedures.	Maximum Multiplier Rate of 1.50 Applied to Medicare Reimbursable Rates for Evaluation and Management codes for outpatient medical care and psychiatric visits only. All other non-E&M procedures will be reimbursed at the 2004 Medicare rate. No multiplier will be applied to non-E&M procedures.	300%	I, II, III Referral from a primary care physician is required for outpatient specialty care, except for psychiatric services which may be requested by a mental health care professional	Y

*LEGEND: I = HIV+ Asymptomatic, II = HIV+ Symptomatic, III = AIDS (As Defined by the CDC)

RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Outpatient Medical Care [including Minority AIDS Initiative ("MAI") program] (cont'd)		Laboratory procedures will be reimbursed at rates included in the Calendar Year 2005 Medicare Clinical Laboratory Fee Schedule, dated November 16, 2004. Injectables will be reimbursed at rates included in the January 2005 Payment Allowance Limits for Medicare Part B Drugs fee schedule. No multiplier may be applied to laboratory or injectable fees.	Flat rate only. No multiplier may be applied.			

*LEGEND: I = HIV+ Asymptomatic, II = HIV+ Symptomatic, III = AIDS (As Defined by the CDC)

RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Outpatient Medical Care [including Minority AIDS Initiative ("MAI") program] – (cont'd) Consumable Medical Supplies	Number of Patients Served, Consumable Medical Supply Distributions per Patient (for Administering Prescribed Medications Only), and Dollar Amount Spent per Patient	Allowable flat rate listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 fee schedule, revised February 14, 2005. If no Medicare Rate is available, providers will be reimbursed at the Medicaid DME for All Medicaid Recipients fee schedule rates, corrected file dated February 2, 2005. If no Medicare or Medicaid rate is available, providers must submit a request for a Supplementary Reimbursement Rate.	Flat rate only. No multiplier may be applied.			

*LEGEND: I = HIV+ Asymptomatic, II = HIV+ Symptomatic, III = AIDS (As Defined by the CDC)

RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Prescription Drugs	Individual Drugs Dispensed, # of Prescriptions Filled, $ Spent per Drug, and Unduplicated # of Clients Served	PHS of Injectable/ Non-Injectable Medication Plus Flat Rate Dispensing Fee AND AWP of Injectable/ Non-Injectable Medication Minus Discount Rate	PHS Price Plus Flat Rate Dispensing Fee AND AWP Minus Applied Discount Rate of No Less Than 7%	300%	I, II, III and Physician's Referral or Prescription, with Letter of Medical Necessity or Prior Authorization Form, if Applicable	Y
Prescription Drugs: Consumable Medical Supplies (for Administering Prescribed Medications only)	Number of Patients Served, Consumable Medical Supply Distributions per Patient (for Administering Prescribed Medications Only), and Dollar Amount Spent per Patient	Multiplier applied to allowable supply and equipment rate listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 fee schedule, revised February 14, 2005. If no Medicare Rate is available, providers will be reimbursed at the Medicaid DME for All Medicaid Recipients fee schedule rates, corrected file dated February 2, 2005.	Flat rate only. No multiplier may be applied.	300%	I, II, III and Physician's Referral or Prescription, with Letter of Medical Necessity, if Applicable	Y

*LEGEND: I = HIV+ Asymptomatic, II = HIV+ Symptomatic, III = AIDS (As Defined by the CDC)

RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Prescription Drugs: Consumable Medical Supplies (for Administering Prescribed Medications only) (cont'd)		If no Medicare or Medicaid rate is available, providers must submit a request for a Supplementary Reimbursement Rate.	Flat rate only. No multiplier may be applied.			
Case Management (including "MAI" program)	Type of 15 Minute Encounter (Face-to-Face or Other) and Unduplicated # of Clients Served	Cost of 15 Minute Encounter	$12.50 / Encounter	300%	I, II, III	Y
Case Management: Peer Education and Support Network (PESN) (including "MAI" program)	Type of 15 Minute Encounter (Face-to-Face or Other) and Unduplicated # of Clients Served	Cost of 15 Minute Encounter	$6.25 / Encounter	300%	I, II, III	Y

*LEGEND: I = HIV+ Asymptomatic, II = HIV+ Symptomatic, III = AIDS (As Defined by the CDC)

RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Dental Care	Client Visit and Unduplicated # of Clients Served	Multiplier applied to procedure rate listed in the State of Florida Medicaid Dental Services Fee Schedule (corrected February 2, 2005); reimbursement rates based on the American Dental Association's CDT-2005 Current Dental Terminology, © 2004, codes for dental procedures	Maximum Multiplier Rate of 3.0 Maximum Annual Limit (Fiscal Year) for Dental Care Services: $3,000 per client, no exceptions	Basic Services: 300% Specialized Services: 300%	I, II, III I, II, III	Y
Substance Abuse Counseling – Residential	# of Days per Client and Unduplicated # of Clients Served	Cost of One Day of Residential Counseling Treatment Per Client	$100.00 per Day [includes the cost of family member(s) participating in the substance abuse counseling session provided during day of treatment]	300%	I, II, III	Y
Substance Abuse Counseling – Outpatient: Level I Individual and Group	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $29.00 per unit Group: $32.00 per unit	300%	I, II, III	Y

*LEGEND: I = HIV+ Asymptomatic, II = HIV+ Symptomatic, III = AIDS (As Defined by the CDC)

RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Substance Abuse Counseling – Outpatient: Level II Individual and Group	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $26.00 per unit Group: $29.00 per unit	300%	I, II, III	Y
Psychosocial Counseling: Level I Individual and Group (PhD, EdD, PsyD)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $30.00 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session) Group: $32.50 per unit	300%	I, II, III	Y
Psychosocial Counseling: Level II Individual and Group (MS, MA, MSW, MEd; and LCSW, LMHC, or LMFT)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $30.00 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session) Group: $32.50 per unit	300%	I, II, III	Y

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Psychosocial Counseling: Level III Individual and Group (Postgraduate degree in a related field)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $25.00 per unit (MAX: 32 encounters per fiscal year and 5 units or 2 ½ hours per session) Group: $27.00 per unit	300%	I, II, III	Y
Psychosocial Counseling: Pastoral Care Individual and Group (Master's or Doctoral Degree in a Related Field)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $25.00 per unit Group: $27.00 per unit	300%	I, II, III	Y
Psychosocial Counseling: Level IV Individual and Group (Trained and Supervised Peers)	½ Hour Session and Unduplicated # of Clients Served	Individual: ½ Hour Session per Client Group: ½ Hour Session per Counselor	Individual: $14.00 per unit Group: $19.00 per unit	300%	I, II, III	Y

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
AIDS Insurance Continuation Program	Dollars per Insurance Premium, Unduplicated # of Clients Served, and Dollars Expended per Client	Dollars Expended per Insurance Premium Per Client Plus a Dispensing Rate of $15 per month	Reimbursement will be based on documentation of dollars expended per insurance premium plus a dispensing rate. Maximum amount of assistance a client may receive on a monthly basis in $650.	300% Liquid Assets (cash) $4,500; or $5,500 if married or a recognized couple Health Insurance under a group, individual, or COBRA policy	I, II, III	Client must have insurance under a group, individual or COBRA policy. Client must be willing to sign all required forms and to provide eligibility information. A complete financial assessment and disclosure are required.
Insurance Deductibles	Dollars per Deductible, Unduplicated # of Clients Served, and Dollars Expended per Client	Dollars Expended per Client per Deductible Plus a Dispensing Rate	Reimbursement will be based on documentation of dollars expended per deductible plus a dispensing rate. Maximum amount of assistance a client may receive on an annual basis is $2,500.	300%	I, II, III	Y A complete financial assessment and disclosure are required.

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Prescription Drugs Co-payments & Co-insurance	Dollars per Co-payment, Unduplicated # of Clients Served, and Dollars per Client	Dollars Expended per Co-payment Plus a Dispensing Rate	Reimbursement will be based on documentation of dollars expended per co-payment plus a dispensing rate. Assistance is restricted to those medications listed on the current approved Ryan White Title I Prescription Drugs Formulary	300%	I, II, III Physician's Prescription	Y A complete financial assessment and disclosure are required.

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Outreach Services (including "MAI" program)	Type of 15 Minute Outreach Encounter [Face-to-Face or Other (i.e., Telephone Contact, Referral Activity, etc.)] and Unduplicated # of Clients Served	Line Item Budget	Reimbursement will be based on a line item budget (actual expenses incurred per month by the outreach service provider). Outreach services will be paid based on full-time employees (FTEs) at a salary to be negotiated between the provider and the County, as well as on the basis of other direct and administrative costs. Reimbursement will be based on the approved budget & productivity as recorded by hours spent doing outreach activities, people contacted, their risk factors, & the # of people actually connected to care (i.e., medical care, case management, substance abuse treatment, etc.). All indirect expenses (other than those associated with the delivery of outreach services) are capped at 10%.	N/A	I, II, III	Y

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Food Bank	Client Visit	Line Item Budget	Reimbursement will be Based on Documented Invoices from Vendors Food Bank Services may be accessed on an emergency basis ONLY. The provision of this service will be limited to twelve (12) occurrences in a Ryan White Title I fiscal year. One (1) occurrence is defined as one (1) calendar week. **General Provision:** Groceries, including personal hygiene products when available, can be picked up on a **weekly or monthly basis. Weekly** client limit = $30 per week at each pickup. **Monthly** client limit = $30 per week multiplied by the number of times the original day of pick-up occurs in the month.	150%	II, III Client eligibility for this service must be certified by the Case Manager Case Management Referral and has applied for Food Stamps.	Y

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SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Food Bank (continued)	Client Visit	Line Item Budget	**Additional Occurrences:** A severe change to the person's medical condition (i.e., new HIV related diagnosis/ symptom, wasting syndrome, protein imbalance, recent chemotherapy, etc.) may also warrant additional occurrences of food bank services. **Provision for Families:** Each additional adult who is HIV+ and lives in the same household is eligible to receive an additional $30 per week, subject to the same general provisions above. Each dependent (i.e., minors under 18 years of age and living in the same household as the client who is HIV+) is also eligible to receive $10 per week, subject to the same general provisions above.		**Additional occurrences** require a Ryan White Title I Nutritional Assessment Letter for Food Bank Services to be completed by an independent physician or registered dietician not associated with the Title I food bank provider. The client must be reassessed for the "warranting" medical condition every four (4) months. **For Families:** The client must provide documentation to prove the dependent's age and place of residence.	

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SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Home Delivered Meals	A Home Delivered Meal	Cost per Meal	$5.00 / Meal (Frozen or Hot) (rate must include cost of nutritional counseling)	300%	III Physician's Certification, and **Homebound and Impaired Status [**as defined by Florida Medicaid Waiver (PAC Waiver)] Case Management Re-certification required every 3 months.	Y

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IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Home Health Care	Hours of In-Home Services and Unduplicated # of Clients Served	Multiplier applied to: Respiratory Therapy Services: October 2003 Florida Medicaid Therapy Services Coverage and Limitations Handbook Procedure codes All other services: Most current State of Florida Medicaid Waiver (PAC Waiver) procedures codes No multiplier applied: Physical, Occupational, and Speech Therapy Services: procedure codes listed in the AHHIF's LUPA Visit Payment Cost Calculations for MSA 5000 (Miami-Dade County), dated January 1, 2005	Maximum Multiplier Rate of 2.0 applied to: Respiratory Therapy Services: October 2003 Florida Medicaid Therapy Services Coverage and Limitations Handbook Procedure rates All other services: State of Florida Medicaid Waiver (PAC Waiver) rates current as of October 2003; if no Medicaid rate, then may submit a supplementary request No multiplier applied: Physical, Occupational, and Speech Therapy Services: procedure rates listed in the AHHIF's LUPA Visit Payment Cost Calculations for MSA 5000 (Miami-Dade County), dated January 1, 2005	300%	III Physician's Referral and Homebound Status** [**as defined by State of Florida Medicaid Waiver (PAC Waiver)] Must be re-certified by a physician every 6 months.	Y

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Home Health Care: Consumable Medical Supplies	Number of Patients Served, Consumable Medical Supply Distributions per Patient, and Dollar Amount Spent per Patient	Allowable flat rate listed in the Florida Medicare Durable Medical Equipment [and] Supplies 2005 fee schedule, revised February 14, 2005. If no Medicare Rate is available, providers will be reimbursed at the Medicaid DME for All Medicaid Recipients fee schedule rates, corrected file dated February 2, 2005. If no Medicare or Medicaid rate is available, providers must submit a request for a Supplementary Reimbursement Rate.	Flat rate only. No multiplier may be applied. Flat rate only. No multiplier may be applied. Flat rate only. No multiplier may be applied.	300%	I, II, III and Physician's Referral or Prescription	Y
Legal Assistance	Attorney Hour	Cost of One Attorney Hour	$85.00 per Hour	200%	I, II, III	Y
Day Care Services: Standard	One Hour	Number of Filled Day Care Slots per Hour	$3.75 per Hour / Child	300%	I	Y
Day Care Services: Intensive	One Hour	Number of Filled Day Care Slots per Hour	$7.00 per Hour / Child	300%	II, III	Y

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RYAN WHITE TITLE I COST AND ELIGIBILITY SUMMARY – FY 2005-06 (YEAR 15)

IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Utilities Assistance	Dollars Spent per Utility Payment, Unduplicated # of Clients Served, and Dollars per Client	Dollars per Client Plus a Dispensing Charge Not to Exceed 15%	Cost of Utility Payments Plus a Dispensing Charge Not to Exceed 15% Maximum Utility Payments: Title I maximum $100 per month; combined maximum Title I and HOPWA utility assistance of $1,200 per year per client.	150%	III Case Management Referral Case Manager re-certification required every 6 months.	Y May only be accessed after client has exhausted HOPWA's 21-week utility assistance benefits, or if client is denied HOPWA benefits. Clients must be screened for eligibility under the Life Line Program for telephone services.
Transportation Services (Vans)	One-Way Trip	Cost of One-Way Trip	$12.00 per One-Way Trip	150%	I, II, III	Y

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IMPORTANT: To be eligible for Ryan White Title I services, the client must be a permanent resident of Miami-Dade County

SERVICE CATEGORY	REPORTING UNIT	REIMBURSEMENT UNIT	REIMBURSEMENT CAP	MAXIMUM% OF FED. POVERTY LEVEL	ELIGIBLE HIV STATUS*	REQUIRED MEDICAID/ OTHER SCREENING
Transportation Vouchers (Passes and/or Tokens)	Dollars per Voucher, # of Vouchers, and Unduplicated # of Clients Served	Dollars per Voucher Plus a Dispensing Charge Not to Exceed 15%	Cost of Vouchers Plus Dispensing Charge Not to Exceed 15%	150%	III Case Management Referral Case Manager re-certification required every 6 months.	Y Clients must be screened for eligibility of Miami-Dade County Golden Pass Program, Special Transportation Services (STS), Miami-Dade Transit Transportation Disadvantaged Program, Medicaid, etc.

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Ryan White Title I
Service Delivery Policies
Fiscal Year 2005-06
(Year 15)

Section III –

- **Ryan White Title I System-wide Standards of Care**
- **Ryan White Title I Coordinated Case Management Standards of Service**
- **Ryan White Title I Minimum Primary Medical Care Standards for Chart Review**
- **Treatment Guidelines & Additional Service Delivery Standards**

Miami-Dade County
Office of Strategic Business Management

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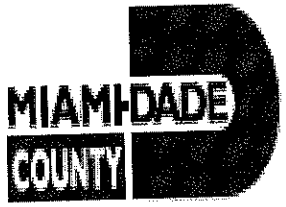
MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM



SYSTEM-WIDE
STANDARDS OF CARE

Effective August 12, 2002
(revised February 18, 2005)

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MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM
SYSTEM-WIDE STANDARDS OF CARE

The following sets of standards are an essential component of the Ryan White Title I quality management program and form the basis for on-going monitoring and evaluation of Title I funded service providers by the Miami-Dade County Office of Strategic Business Management and/or its authorized representatives. It is not expected that contracted organizations be in full compliance with the System-wide Standards of Care as outlined below at the time of contract execution. It is assumed, however, that the service provider has read and understands the standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards. The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. During contract negotiations, each service provider is expected to set time specific goals for their organization's progress towards compliance with the standards in the form of a work plan. This work plan may be revised by the provider throughout the year with the prior written approval of the County. Revisions may be requested only if circumstances outside the provider's control impede its ability to achieve compliance with the standards by the target dates indicated in the originally approved work plan.

SYSTEM-WIDE STANDARDS OF CARE

No Barriers to Service

Standard #1

Client access to services, system wide, shall be facilitated and barriers to service eliminated.

Guidelines	Indicator	Data Source
(1.1 – 1.5) Providers shall eliminate barriers to service caused by: (A) hours of operation (B) language and culture (C) lagtime. *Exemptions: (A) All services not specified (B) None (C) 1.5 None; (C) 1.6 Prescription Drugs, Case Management, MAI Case Management*	**A: Hours of Service:** 1.1 Medical care, pharmaceuticals, case management and home health care shall provide a minimum of 40 hours access to services per week including 4 hours after 6 P.M. weeknights and 4 hours on weekends	➢ Scope of Service Description ➢ Posted hours of service
	1.2 24-hour on-call access to pharmaceutical services, emergency medical care, home health care and crisis counseling	➢ Scope of Service Description ➢ Posted hours of service
	B: Language: 1.3 When 20% of clients prefer another language or require special assistance, such as illiteracy, native language speakers, translators or special assistance shall be made available as appropriate	➢ Record Review ➢ Personnel Files ➢ Observation ➢ Written Policies and Procedures ➢ Invoices (reviewed during on-site visit)
	1.4 Interpreters for hearing impaired and special assistance for those requiring such (as visually impaired persons) shall be made available	➢ Observation ➢ Personnel Files ➢ Record Review
	1.5 Cultural sensitivity and linguistic competency are demonstrated as a component of care for target populations	➢ Observation ➢ Personnel Files ➢ Record Review

Guidelines	Indicator	Data Source
	C: Lagtime: 1.6 80% of clients will see a direct service worker no later than 5 workdays from the client's initial date of contact or date of case management referral 1.7 80% of clients initially presenting at a non-case management agency shall be referred to a case management agency no later than 2 workdays from the date of initial contact with the referring agency	➢ Record Review • Intake information including date of initial contact or copy of referral • SDIS referral report

Staff Qualifications/Training

Standard #2

Agencies shall ensure that all staff have sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population: agencies must provide initial orientation and training for new staff and ensure all staff participate in ongoing HIV/AIDS trainings, thereby promoting provision of high quality, up-to-date services.

Guidelines	Indicator	Data Source
(2.1 – 2.2) Supervisory staff and direct service staff shall meet the qualifications of education and experience required by the Miami-Dade County Office of Strategic Business Management and the Miami-Dade HIV/AIDS Partnership. *Exemptions: 2.1 None; 2.2 Home Delivered Meals, Food Bank, Utility Assistance, Transportation Vouchers, Prescription Drugs, Case Management (Refer to Case Management Standards for education/experience requirements).*	2.1 80% minimum of direct service supervisors are licensed and/or have a bachelor's degree in social sciences, counseling or nursing; have management experience; or have equivalent HIV/AIDS or related experience 2.2 80% minimum of direct service staff have an associate degree (AA) in social sciences, counseling or nursing. HIV/AIDS or related experience, including living with HIV, may be substituted on a year-for-year basis. Exempt personnel must be supervised by staff that meets minimum supervisory qualifications (2.1)	➢ Personnel Files • Copies of degrees/licenses • Documentation of work experience (letters of recommendation, work references, etc) ➢ Personnel Files • Copies of degrees/licenses • Documentation of work experience, HIV/AIDS experience (letters of recommendation, work references, training certificates, etc) • Personnel Records

Guidelines	Indicator	Data Source
(2.3) Initial orientation and training shall be given to new staff. *Exemptions: None*	2.3 Documentation of initial orientation and training including Ryan White Title I services, standards and requirements	➢ Personnel Files • Signed, dated orientation schedule or Orientation Attendance Log • Signed, dated Ryan White Title I standards or form acknowledging training/receipt of same • Signed, dated job description
(2.4) Staff members will have a clear understanding of their job definition and responsibilities. *Exemptions: None*	2.4 Written job description including responsibilities	
(2.5 – 2.6) Policies and procedures for service provision shall be in written form and made available to all staff. *Exemptions: None*	2.5 Written Policies and Procedures (P & P's) 2.6 Documentation that staff have read and are familiar with P & P's	➢ Administrative Policies and Procedures ➢ Personnel Records • Signed, dated agency policies and procedures • Signed, dated letter documenting P&P review, understanding
(2.7) Training in OSHA and universal precautions appropriate to job duties is provided and staff adheres to these principles. *Exemptions: None*	2.7 Documentation of training	➢ Signed, dated training acknowledgement, attendance logs with dates and subject matter of training, agency training logs ➢ Signed, dated Ryan White Title I standards or form acknowledging receipt/training on same
(2.8) Direct service staff are knowledgeable about Ryan White Title I standards and service requirements. *Exemptions: None*	2.8 Annual update on Ryan White Title I standards and service requirements	➢ Personnel Records • Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training

Guidelines	Indicator	Data Source
(2.9) Staff shall remain updated on HIV/AIDS information. *Exemptions: None*	2.9 At least once annually: direct service staff shall attend an HIV/AIDS seminar/training appropriate to their level of service delivery	➢ Agency training record
(2.10) Personnel working with children are to be screened in accordance with state or local laws. *Exemptions: None*	2.10 Clearance letters for abuse and criminal screening	➢ Personnel files

Documentation Standards

Standard #3

Standardized forms and consistent up-to-date protocols will be utilized across the system to ensure uniform quality of care.

Guidelines	Indicator	Data Source
(3.1 – 3.11) Documentation for intake and service provision shall include, at a minimum, standard forms and required client data. The treatment or care plan shall be unique for each client, culturally sensitive, non-judgmental, personalized and with an appropriate standard of care with respect to a person's right to privacy. *Exemptions: Pharmaceuticals, Transportation Vouchers, Utility Assistance, Outreach Services, Food Bank*	Record contains: 3.1 Financial assessment and proof of HIV OR a Ryan White Title I Certified Referral 3.2 Consent for enrollment/treatment OR a Ryan White Title I Certified Referral 3.3 Consent to Release and Exchange Information (SDIS) OR a Ryan White Title I Certified Referral 3.4 Intake history (Client demographics and personal contact information) 3.5 Documentation client confidentiality explained 3.6 Documentation grievance procedure explained 3.7 Documentation choice of providers explained 3.8 Service provision history 3.9 Treatment/Service Plan documenting reason(s) for treatment, process and	➢ Record Review • All required forms are complete, initialed, dated, signed as appropriate • Copies of required eligibility documents are present, current (within 6 months), and legible • Documentation of eligibility screening for third party payers is present • Cases are closed as appropriate

Guidelines	Indicator	Data Source
	progress, outcomes of treatment 3.10 Eligibility screening for third party payers 3.11 Treatment/Service Plan update at least once per year *Note: Case managers are required to update Title I Certified Referrals (Recertification) every 6 months.*	
(3.12 – 3.15) Referrals: Providers will maintain adequate documentation on referral activities. *Exemptions: None*	3.12 Inbound referrals for all Title I Certified Referrals, shall record origin of referral and service requested 3.13 Outbound referrals for all Title I Certified Referrals shall record the referral destination and service requested 3.14 All inbound referrals filed in client record 3.15 Service referrals not initiated by a case manager shall be documented in a progress note or treatment plan	➢ SDIS Referral Report ➢ Record Review
(3.16 – 3.18) Providers will avail themselves of all available resources to provide needed services to HIV/AIDS clients including the Ryan White service network, key points of service entry, city, state and private organizations. *Exemptions: None*	3.16 Linkage agreements 3.17 Service resources 3.18 Inbound, Outbound Referrals	➢ Administrative Records ➢ Lists of Service Resources ➢ SDIS Referral Report

Quality Assurance/Performance Improvement

Standard #4

Ongoing quality assurance activities with regular feedback to staff promote performance improvement and quality care.

Guidelines	Indicator	Data Source
(4.1 – 4.4) Supervisory record reviews are conducted regularly, with feedback to direct care staff resulting in improved performance.	4.1 Record reviews conducted quarterly 4.2 No less than 40 records or 10% of Ryan White Title I population (whichever is	➢ Supervisor's Records • Documentation of reviews with identifying client information • Documentation of employee feedback

Guidelines	Indicator	Data Source
Exemptions: None	less) 4.3 Evidence of feedback between supervisor and employee 4.4 Documentation review ensures Ryan White eligibility standards are met and that case notes are appropriate, timely and legible	➢ Record Review
(4.5) Medical Services: Quality assurance or patient care review meetings will identify problems to be resolved through action. *Exemptions: None*	4.5 Documentation of quarterly patient care reviews or quality assurance meetings recording attendance, date, subject matter, steps taken to resolve identified problems with time frames for resolution.	➢ Meeting minutes ➢ Attendance logs
(4.6) Non-Medical Services: Quality improvement issues will be addressed through staff meetings. *Exemptions: None*	4.6 Documentation of quarterly quality improvement meetings recording attendance, date, subject matter, steps taken to resolve identified problems with times frames for resolution.	➢ Meeting minutes ➢ Attendance logs
(4.7 – 4.8) Annual client satisfaction survey conducted and results utilized as appropriate to improve service delivery. *Exemptions: None*	4.7 Client satisfaction survey to include: Rating of services, perception of treatment by staff, satisfaction with services provided, fair access to services provided.	➢ Review of client satisfaction survey
	4.8 Written plans and objectives incorporate results as appropriate from client satisfaction surveys	➢ Client Satisfaction Survey ➢ Administrative records

Confidentiality

Standard #5

Every agency shall provide staff with initial and ongoing training regarding client confidentiality to ensure client information is protected in accordance with state and federal laws.

Guidelines	Indicator	Data Source
(5.1 – 5.2) Every agency shall have a written Policy and Procedure (P & P) addressing confidentiality. *Exemptions: None*	5.1 Written P & P addressing HIV confidentiality and agency procedures, including policies and procedures that limit access to passwords, electronic files, medical records, faxes, release of client information	➢ Administrative P & P's
	5.2 P & P is signed and dated annually by staff	➢ Personnel files • Signed, dated copy of P & P for all staff
(5.3) Services shall be provided in a confidential setting. *Exemptions: None*	5.3 Areas in which client contact occurs allow exchange of confidential information in a private manner.	➢ Observation
(5.4) All hard copy materials and records shall be securely maintained.	5.4 Records, hard copy materials maintained under double lock in files and in areas secure from public access.	➢ Observation
(5.5) All clients shall be informed regarding their rights to confidentiality. *Exemptions: None*	5.5 Documentation signed and dated by client acknowledging client has been fully informed of his/her right to confidentiality.	➢ Record review
(5.6) No release of client information without a signed, dated client release. *Exemptions: None*	5.6 Signed, dated Release of Information* specific to HIV, TB, STD, substance abuse and mental health OR note reflecting client's unwillingness to sign a Release.	➢ Record Review

	* *This release shall be renewed annually.*	

Program Operating Requirements (POR)

POR #1	Indicator	Data Source
(POR 1.1 – 1.4) Operating procedures affecting clients shall be posted publicly. *Exemptions: None*	The following shall be posted in an area to which clients have free access: POR 1.1 Hours of operation POR 1.2 Grievance procedures POR 1.3 Client's Bill of Rights and Responsibilities POR 1.4 Ryan White Title I Service Prices (cost per unit of service)	➢ Observation

POR #2	Indicator	Data Source
(POR 2.1) Manual or backup systems are kept current. *Exemptions: None*	POR 2.1 Manual or backup systems are updated at least weekly	➢ Record Review ➢ SDIS

POR #3	Indicator	Data Source
(POR 3.1– 3.4) Client participation and education in the treatment process shall be maximized. *Exemptions: None*	Documentation shall reflect: POR 3.1 Client and family (as defined by client) participation in care decisions POR 3.2 Development of client's understanding of treatment options POR 3.3 Client empowerment POR 3.4 Monitoring of client adherence to prescribed plans of treatment and care including medication regimens	➢ Record Review • Progress Notes • Treatment/Care Plans
(POR 3.5) Client education and knowledge lead to improved compliance, health status. *Exemptions: None*	POR 3.5 Documentation of client education and/or resources provided, as appropriate	

POR: Facility/Operation		
POR #4	**Indicator**	**Data Source**
(POR 4.1 – 4.6) All provider sites are safe and secure. *Exemptions: None*	POR 4.1 Site is clean and well-maintained, inside and out POR 4.2 Clients have untroubled access coming and going POR 4.3 Security personnel are available as needed	➢ Observation ➢ Personnel Records
	POR 4.4 Written policy to refuse service to clients who are being verbally abusive, threatening physical abuse or possessing illegal substances or weapons on provider property	➢ Administrative Policies and Procedures
	POR 4.5 Facility complies with applicable Occupational Safety and Health Administrative (OSHA) requirements	➢ Observation
	POR 4.6 Facility complies with the American's with Disability Act's programmatic and accessibility requirements	➢ Observation

POR #5	**Indicator**	**Data Source**
(POR 5.1) Client access to care will be facilitated during regular hours and after hours (nights and weekends). *Exemptions: As noted in Standard 1.1*	POR 5.1 Written P & P addresses contacts (including appointments) during regular hours and walk-ins, emergency and after hours (nights, weekends and holidays) care.	➢ Administrative Policies and Procedures *(Refer to Standard #1.1)*

POR #6	Indicator	Data Source
(POR 6.1 – 6.2) Clients shall receive an explanation of the agency's grievance procedures and confirm their understanding of such. *Exemptions: None*	POR 6.1 Written P & P's addressing formal and informal grievance procedures for clients POR 6.2 Documentation that patient has had grievance procedures, formal and informal explained and/or given to him and understands same.	➢ Administrative Policies and Procedures ➢ Record Review

POR #7	Indicator	Data Source
(POR 7.1 – 7.2) Agency policies are known to staff and supervisors. *Exemptions: None*	POR 7.1 Written P & P's addressing agency procedures including a formal grievance procedure for staff. POR 7.2 Documented acknowledgement that staff are familiar with written P & P's, including grievance procedures.	➢ Administrative Policies and Procedures ➢ Personnel Records

POR: Accreditation Standards

POR #8	Indicator	Data Source
(POR 8.1) Agency complies with appropriate professional licensing in accordance with professional training and responsibilities of caregivers, the agency's functions, or both, through national associations and/or the Florida Department of Health. *Exemptions: None*	POR 8.1 Current licenses, accreditations are Posted and on file	➢ Administrative Records ➢ Observation
(POR 8.2) Staff are licensed as specified in the Title I Service Descriptions. *Exemptions: None*	POR 8.2 Copies of current licenses are on file	➢ Personnel Records

POR: Patient Acknowledgement of Services Received		
POR #9	**Indicator**	**Data Source**
(POR 9.1) Patient acknowledgement of service(s) received shall be maintained.	POR 9.1 Patient shall acknowledge by signature and date, specified services received at each visit. Required information includes patient name, date of service, definition of unit, service provided, number of units.	➢ Record Review • Signed, dated logs with name and services received noted OR ➢ Billing Review • Signed, dated encounters or superbills with name and services received noted OR • Receipt given to client with a copy in the chart *(Refer to POR #1.4)*

POR: Service Delivery Information System (SDIS)		
POR # 10	**Indicator**	**Data Source**
(POR 10.1 – 10.2) Timely entry into the SDIS of new client information, updated client information and services provided. *Exemptions: None*	POR 10.1 New client information shall be entered at intake POR 10.2 Updated client information and service information shall be entered in accordance with time specifications detailed in the current Title I Ryan White contract	➢ Record Review ➢ SDIS

POR #11	**Indicator**	**Data Source**
(POR 11.1) A record (client chart) shall be maintained for each individual client	POR 11.1 An individual record (chart) shall be maintained for each client that records the services provided by Ryan White Title I.	➢ Record Review

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MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM

COORDINATED CASE MANAGEMENT STANDARDS OF SERVICE

Effective August 12, 2002
(revised February 18, 2005)

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MIAMI-DADE COUNTY
RYAN WHITE TITLE I PROGRAM
COORDINATED CASE MANAGEMENT STANDARDS OF SERVICE

In addition to the System-wide Standards of Care applicable to all Title I providers, the following program specific standards apply to **case management providers only**. These standards are an essential component of the Ryan White Title I quality management program and form the basis on-going monitoring and evaluation of Title I funded case management providers by the Miami-Dade County Office of Strategic Business Management.

With the exception of staff qualifications *(Standard #1)*, it is not expected that contracted organizations be in full compliance with the Case Management Standards of Service at the time of contract execution. It is assumed, however, that the service provider has read and understands the standards, and by signing a contract the provider is agreeing to make every effort to progress towards full compliance with these standards. The County recognizes that progress towards achieving compliance with the standards will differ from one service provider to another, both in terms of rate of progress and substance. During contract negotiations, each case management provider is expected to set time specific goals for their organization's progress towards compliance with the standards in the form of a work plan. This work plan may be revised by the provider throughout the year with the prior written approval of the County. Revisions may be requested only if circumstances outside the provider's control impede its ability to achieve compliance with the standards by the target dates indicated in the originally approved work plan.

Case management is a range of client-centered services that links clients with health care, psychosocial and other services to insure timely, coordinated access to medically appropriate levels of health and support services, continuity of care, ongoing assessment of the client's needs, personal support systems, and case management services that prevent unnecessary hospitalization or that expedite discharge, as medically appropriate.

Case management is a client-centered collaborative process that meets an individual's health and support service needs by assessing, planning, implementing, coordinating, monitoring and evaluating available options and services. Case management addresses situational needs and promotes continuity of care for the client. Case management is predicated upon patient empowerment, realized through the identification of client needs and subsequent facilitation of access to appropriate services.

The purpose and goals of case management are: 1) to coordinate services across funding streams; 2) to reduce service duplication across providers; 3) to assist the client with accessing services; 4) to use available funds and services in the most efficient and effective manner; 5) to increase the client's adherence to the care plan (i.e., medication regimen) through counseling; 6) to empower clients to remain as independent as possible; 7) to improve service outcomes; and 8) to control cost while ensuring that the client's needs are properly addressed.

Staff Qualifications

Standard #1

All case management supervisors, case managers and peer counselors shall have sufficient education, knowledge, skills and experience to competently serve the HIV/AIDS client population.

Guidelines	Indicators	Data Source
(1.1 – 1.8) All supervisors, case managers and peer counselors must meet the qualifications of education and experience required by the Miami-Dade County Office of Strategic Business Management and the Miami-Dade HIV/AIDS Partnership.	Supervisors: 1.1 Master's degree OR Bachelor's degree with 5 years work experience in HIV/AIDS. 1.2 HIV/AIDS and supervisory experience preferred. Case Managers:* 1.3 Bachelor's degree in a social science area , OR Bachelor's of Science in Nursing (BSN) degree with 6 months of case management experience, OR Bachelor's degree not in a social science with 1 year of case management experience. 1.4 Knowledge of HIV/AIDS disease and the Miami-Dade HIV/AIDS service delivery system preferred 1.5 Completion of a proficiency test based on required system-wide training within 12 mos. of hire * *An individual in a case management position prior to the effective date of these standards may substitute applicable experience on a year-to-year basis for the required education.* Peer Counselors 1.6 High school degree 1.7 1 year's experience in HIV/AIDS services 1.8 Training on HIV funding streams	➢ Personnel files • Copies of degrees • Documentation, validation of work experience (for example, letter from former employer or documented telephone interview with former employer) • Copies of degrees • Documentation, validation of work experience (for example, letter from former employer or documented telephone interview with former employer) • Proof of knowledge on funding streams • Training Certificate • Copy of degree • Documentation of HIV/AIDS service system experience (letters of reference, documented telephone interview) • Proof of training on funding streams

Training

Standard #2

To ensure the highest level of case management service, supervisors, case managers and peer counselors, through initial and ongoing monthly trainings, shall be continuously updated on changes in HIV/AIDS health care, the community-wide service system (services and limitations), community resources, local, state and federal programs in the area.

Guidelines	Indicators	Data Source
(2.1 – 2.5) Case management supervisors, case managers and peer counselors shall comply with all training requirements mandated and approved by the Miami-Dade County Office of Strategic Business Management and the Miami-Dade HIV/AIDS Partnership.	Case management supervisors, case managers and peer counselors shall complete: 2.1 HIV/AIDS 104[1] within 1 month of hire 2.2 HIV/AIDS 500[1] and 501[1,2] within 6 months of hire 2.3 Case management supervisors: 40 hours of CEU-type annual training approved by the County with 20 of the 40 hours in management training 2.4 Case managers and peer counselors: 40 hours annually of monthly system-wide case management related training approved by the County 2.5 In addition to the training hours in 2.4, case managers and peer counselors in the Ryan White Title I System less than 2 yrs: 20 hours of basic case management training[1]	➢ Personnel files • 104 Certificate dated within 1 month of hire • 500 Certificate dated within 6 months of hire • 501 Certificate dated within 6 months of hire • Proof of attendance, certificate or other documentation including training subject matter, date(s) of attendance, hours in training. • Agency training record • Case management system- wide attendance logs • Training Certificate
(2.6) Case managers and peer counselors shall maintain all updated materials and lists of resources provided at trainings.	2.6 Provider/service listings, updated Ryan White Title I Case Management Handbook, other training materials as appropriate	• Training agendas • On-site inspection/observation

[1] 104, 500, 501 and basic case management training are not part of the 40-hour system-wide training requirement (item 2.4).
[2] If counseling and testing are part of the case manager's job duties, an annual 501 update is required.

Standard #3

Client access to case management and peer counseling services shall be facilitated in a timely and orderly manner.

Guidelines	Indicators	Data Source
(3.1 – 3.2) Initial intake and financial eligibility assessment initiated.	No later than 2 workdays from a request for service or receipt of referral: 3.1 Appointment made for intake/financial eligibility assessment 3.2 Case manager assigned	➢ Record review • Intake/financial eligibility forms dated within 5 days of filed referral or date of service request AND • Intake progress note reflects: Date of referral or service request and date of intake/financial eligibility assessment • Record reflects name of assigned case manager and date of assignment
(3.3) If client wishes to meet with a peer counselor, an appointment is facilitated.	3.3 Meeting will take place no later than 24 hours from the date of request for service or receipt of referral.	➢ Record review • Dated progress note reflects date of referral OR date of request for service AND service rendered or refused per progress note from peer counselor documenting appointment completed or appointment declined. *(See Standards #4 and #5)*

Standard #4

A comprehensive eligibility and financial assessment shall be completed taking into account all funding streams and services for which the client may qualify: the client's education and orientation to the service delivery system and to client rights and responsibilities shall be initiated.

Guidelines	Indicators	Data Source
(4.1 – 4.10) Eligibility and financial assessment shall ensure all required documents are present and filed in the eligibility section of the record. Clients shall be informed of their right to: confidentiality in accordance with state and federal laws, choice of providers, explanation of grievance procedures, Client Bill of Rights and Responsibilities.	No later than 5 workdays from receipt of referral or date of request for service, the following shall be completed: 4.1 Client Chart/Record Face Sheet 4.2 Composite Consent (includes Client Bill of Rights and Responsibilities) 4.3 Consent to Release and Exchange Information (SDIS) 4.4 Proof of HIV 4.5 Proof of Income 4.6 Financial Assessment 4.7 Proof of Miami-Dade County residency 4.8 Picture ID 4.9 Social Security (if client has SS Number) 4.10 Eligibility screening for third party payers	➢ Record review • All required forms are complete, initialed, dated, signed as appropriate. • Copies of required eligibility documents are present and legible. • Documentation of eligibility screening for third party payers is present. *(See Standard #11, 11.1 – 11.4)*

* *Eligibility and financial assessment need not be done by a case manager. This function may be performed by a trained eligibility clerk or a peer counselor with the appropriate training to conduct financial assessment and eligibility screening.*

Standard #5

The case manager shall develop a comprehensive and individualized Needs Assessment and Plan of Care: orientation and education in the service delivery system shall continue: the client shall be assisted to access timely, appropriate services: medication adherence shall be reinforced and medical information necessary to appropriately serve the client shall be obtained.

Guidelines	Indicators	Data Source
(5.1 – 5.3) An initial comprehensive assessment and plan of care shall be completed for all case management clients to include: Adherence assessment with appropriate client referrals to existing adherence programs as part of the POC. Referrals to the University of Miami for pregnant women shall be made within 24 hours of initial contact with the case manager. (5.4 – 5.8) All referrals shall be documented in the POC. *(Applies to the referring agency.)*	No later than 5 workdays from completion of the eligibility/financial assessment the case manager shall complete: 5.1 Initial Comprehensive Assessment 5.2 Initial Plan of Care (POC) 5.3 Referrals Referrals documented in the POC will include: 5.4 Date and purpose of referral 5.5 Frequency of the requested service (how often the requested service is needed) 5.6 Provider of the requested service (agency receiving the referral) 5.7 Date of appointment 5.8 Date of follow up	➢ Record review ➢ SDIS review • Completed, dated, signed (case manager and client) comprehensive assessment • Completed, dated, signed (case manager and client) POC based on needs identified in the comprehensive assessment • SDIS Referral Report *(See Standards# 6, 6.2 – 6.9; 11, 11.1 – 11.4)*
(5.9) The client will be scheduled to meet with a peer counselor, unless the client refuses and the refusal is documented.	5.9 Progress note reflecting date of appointment with a peer counselor or documentation an appointment was refused.	➢ Record review • Progress notes

Guidelines	Indicators	Data Source
(5.10 – 5.11) Case managers shall ensure all required medical data is complete, legible, dated, filed in the appropriate section of the client record and entered into the SDIS.	5.10 Medical Certification of Diagnosis The case manager shall obtain Medical Certification of Diagnosis within 30 days of completion of the initial POC. The form shall be filed in the client record and the information entered into SDIS within 24 hrs of availability. 5.11 Quarterly/Annual Lab Results The case manager shall obtain initial (using Quarterly/Annual Lab Results Form) quarterly labs within 30 days of completion of the initial POC: the form shall be filed in the client record and the information entered into the SDIS within 24 hrs. of availability.	➢ Record review ➢ SDIS review ➢ Record review ➢ SDIS review
(5.12) Applications for eligibility under entitlement and benefit programs must be completed and filed with the appropriate entities.	5.12 Within 45 days of completion of eligibility and financial screening: dated, signed copies of applications, referral and progress note reflecting screening and submission of forms.	➢ Record review • POC • Progress notes • SDIS
(5.13) A progress note shall document the needs assessment and POC.	5.13 Dated, signed progress note corresponding to completion date of POC	➢ Record review • POC • Progress notes

Standard #6

Case managers and Peer Educators shall follow-up to verify clients are receiving necessary services as documented in the Plan of Care and coordinate their efforts with other service providers to ensure service delivery is as seamless and unobtrusive as possible to the client. The client's satisfaction with services received shall be assessed.

Guidelines	Indicators	Data Source
(6.1) The peer counselor shall follow-up, either face to face or by telephone, within 2 weeks of his/her initial meeting with a newly enrolled client.	6.1 Dated, signed progress note	➢ Record review
(6.2 – 6.4) Certified referrals between Ryan White Title I providers shall be generated electronically through the SDIS using the Certified Ryan White Title I Referral Form and recertified as needed every 6 months.	6.2 POC 6.3 SDIS 6.4 Progress notes	➢ Record review ➢ SDIS review ➢ Record Review *(See Standard #5, 5.4 – 5.8)*
(6.5 – 6.6) Referrals to providers outside the Ryan White Title I provider network shall be printed out from the SDIS using the General Referral Form.	6.5 POC 6.6 SDIS	➢ Record review ➢ SDIS review
(6.7) Medication referrals shall note the name of the medication, dosage, strength and quantity.	6.7 POC	➢ Record review • POC
(6.8 – 6.9) Referral follow up for medications and other services shall be done in a timely way to ensure coordination and benefit of service. All follow -up shall be documented in the progress notes.	Progress notes shall reflect: 6.8 Medication referrals followed-up no later than 5 workdays from the referral date	➢ Record review • Progress notes
	6.9 Referrals for other services followed-up no later than 5 days from the appointment date or service delivery date.	➢ Record review • Progress notes
(6.10) All follow up on referrals shall assess the client's satisfaction with the service.	6.10 Client satisfaction, or lack thereof, documented in progress note.	➢ Record review • Progress notes

Updates to Client Record

Standard #7

Appropriate client contact shall be maintained as needed to monitor the client's personal/medical status and the efficacy of the Plan of Care (POC) shall be assessed to ensure service needs, goals, objectives and barriers as noted in the POC are addressed.

Guidelines	Indicators	Data Source
(7.1) An update (client contact) shall be documented no less than once every 3 months, or more often as client need may dictate per documentation.	7.1 Dated, signed progress note documenting client contact and adherence monitoring.	➢ Record review • Progress notes
(7.2 – 7.3) Client medical care and compliance shall be monitored to ensure optimal health results.	7.2 Quarterly/Annual Lab Results updated every quarter with CD4 and VL entered in SDIS within 24 hours of availability. 7.3 Annual medical data entered in SDIS prior to end of the calendar year.	• Quarterly/Annual Lab Results • SDIS
(7.4 – 7.9) Financial eligibility, client chart/record face sheet, needs assessments and plans of care shall be updated no less than once every 6 months, more often as client need may dictate per documentation. The Medical Certification of Diagnosis for non-AIDS patients shall be updated every 6 months.	Dated and signed as appropriate: 7.4 Client Chart/Record Face Sheet 7.5 Financial assessments 7.6 Needs Assessments and Plans of Care 7.7 Medical Certification of Diagnosis 7.8 Progress notes 7.9 Quarterly/Annual Lab Results	➢Record review ➢ SDIS review • Updated forms • Progress notes reflecting update and noting Medical Certification of Diagnosis has been addressed
(7.10) The Composite Consent for Enrollment shall be renewed annually. Client must sign and date the Composite Consent Form annually.	7.10 Dated, signed Composite Consent Form	➢ Record review

Standard #8

To ensure consistency and quality of care across the case management service system, standardized forms shall be used and uniform standards of documentation shall be followed.

Guidelines	Indicators	Data Source
(8.1) Standardized forms shall be used.	8.1 Required SDIS forms are complete, dated and signed as necessary, and filed in the client record.	➢ Record review ➢ SDIS review • SDIS printouts
(8.2 – 8.3) Agencies shall have available in 3 languages: Composite Consent for Enrollment (includes the Client Bill of Rights and Responsibilities), Consent to Release and Exchange Information in the SDIS	8.2 Signed, dated Composite Consents 8.3 Signed, dated Consents to Release and Exchange Information (SDIS)	➢ Record review
(8.4) All client contacts shall be documented in the progress notes no later than 24 hours after occurrence.	8.4 Dated, signed progress notes	➢ Record review
(8.5) All peer counseling and case management units of service billed to Ryan White Title I shall be documented in the client chart.	8.5 Dated, signed progress notes	➢ Record review • Progress notes • Reimbursement requests
(8.6) Documentation shall accurately record the time services began and ended and number of service units provided (15 minute encounters).	8.6 Dated, signed progress notes documenting time and units, e.g. 11:30 AM to 11:58 AM, 2 units	➢ Record review • Progress notes • Reimbursement requests
(8.7) All documentation shall be complete and legible, dated, signed and include the name and title of the individual making the entry.	8.7 All required forms and progress notes	➢ Record review • Progress notes • Forms

Standard #9

Ongoing, systematic record reviews shall be performed with feedback provided to case managers resulting in continuously improving quality of service and performance.

Guidelines	Indicators	Data Source
(9.1 – 9.4) Case management supervisors shall implement and document ongoing record reviews as part of quality assurance and performance improvement activity. Review tools will be dated and signed by the supervisor.	9.1 Record reviews conducted quarterly 9.2 No less than 40 records or 10% of Ryan White Title I population reviewed (whichever is less) 9.3 Review documents information is entered in a timely fashion, is complete, legible and appropriate 9.4 Dated, signed review tools including client identification information	➢ Record review • Review of client records • Review of supervisor's reviews
(9.5 – 9.6) Quarterly patient care review and/or quality improvement meetings shall be documented.	9.5 Meeting attendance logs 9.6 Meeting minutes reflect issues discussed, problems identified, actions for correction and a time frame for completion of same	➢ Attendance logs ➢ Minutes

Standard #10

The case manager shall carry a reasonable case load that allows the case manager to effectively plan, provide and evaluate tasks related to client and system interventions.

Guidelines	Indicator	Data Source
(10.1 – 10.2) Case loads shall be reviewed between the supervisor and case manager to determine and document caseload size.	10.1 Case review at least every 6 months 10.2 Active case load not to exceed 70 clients, not including occasional clients	➢ SDIS • Case load (print out of active case load per case manager) ➢ Administrative • Supervisory logs or records documenting case review • Case load lists (case managers)

Service Delivery Information System (SDIS)

Standard #11

Service access for clients, data collection and reporting requirements shall be facilitated by requiring all pertinent client data be entered into the SDIS in a timely manner.

Refer to Standards #4, #5, #6, #7, #8, #9, #10, and #13.

Guidelines	Indicators	Data Source
(11.1) All Ryan White Title I intake information shall be entered into the SDIS in a timely manner.	11.1 Ryan White Title I Intake information entered into the SDIS at time of initial contact.	➢ Record review ➢ SDIS review
(11.2 – 11.4) Financial eligibility, needs assessment and POC information shall be completed and entered into SDIS.	11.2 Financial eligibility, needs assessments and POCs entered into the SDIS within 24 hours of completion. 11.3 Dated, signed eligibility, assessment and POC 11.4 SDIS print outs	➢ Record review ➢ SDIS review

Permanency Planning

Standard #12

The client shall be assisted in developing a legally binding plan for care of dependents, disposition of assets and other pertinent issues in the event of personal incapacitation.

Guidelines	Indicators	Data Source
(12.1 – 12.4) No later than one year from the date of the initial POC completion, the case manager will refer clients to a legal service provider for permanency planning or document that the patient refused said service.	12.1 Plan of Care reflects referral within 1 year from initial POC 12.2 SDIS reflects referral 12.3 Permanency plan addresses care of dependents, disposition of assets, other pertinent issues. 12.4 Progress note or POC reflects patient declined permanency planning.	➢ Record review ➢ SDIS review • Needs Assessment • Plan of Care • Progress Notes • Permanency Plan • SDIS Referral Report

Standard #13

Client records shall be closed with a case closure form; clients who wish to transfer shall be enabled to do so in a timely manner.

Guidelines	Indicators	Data Source
(13.1) Client records shall be closed with a Case Closure or Case Transfer Form. (13.2 – 13.4) Clients who wish to transfer shall be assisted to do so. (13.5) Closure information shall contain an address/phone number/emergency contact where the client may be reached or detail the reason why said information cannot be obtained. (13.6) Case closures and transfers shall be entered into the SDIS.	Client records shall include: 13.1 A Case Closure Form detailing the reasons for closure. Copies of client records for transfers shall be mailed: 13.2 No later than 10 days from the date of the receipt of a written request from the client or the client's legal representative. 13.3 Prior to releasing information a current Consent to Release Information must be in the record. 13.4 A completed Transfer Form. 13.5 Completed Case Closure or Case Transfer Form No later than 24 hours after completing a closure or transfer: 13.6 Data in SDIS	➢ Record review ➢ SDIS review • Progress notes • Case Closure Form • Case Transfer Form • Outgoing record log • Current (at time of request) Consent to Release Information ➢ Record Review ➢ Record review ➢ SDIS review • Closure or Transfer Form

Standard #PS 1

Standard	Indicators	Data Source
Case management providers must offer both case management and peer education support network services.	PS1.1 Progress notes PS1.2 Reimbursement requests	➢ Personnel files ➢ Record review ➢ SDIS

Standard #PS 2

Standard	Indicators	Data Source
Case management providers must have trilingual capabilities.	PS2.1 Progress notes PS2.2 Staff interviews	➢Record review ➢ Personnel files ➢ Observation

Standard #PS 3

Standard	Indicators	Data Source
Case management agencies must document they have sought enrollment in PAC Waiver within 30 days of the contract execution date.	PS3.1 Copy of completed, dated application PS3.2 PAC Waiver number(s)	➢Agency records

Standard #PS 4

Standard	Indicators	Data Source
Case management agencies shall ensure clients are aware of their rights and responsibilities.	PS4.1 Copy of the Client Rights and Responsibilities posted in a public area.	➢ Observation

Standard #PS 5

Standard	Indicators	Data Source
Case management providers shall ensure the provision of interpreters/assistance to the hearing and reading impaired.	PS 5.1 Providers shall allocate funds in their budgets to ensure provision of interpreters/assistance to the hearing and reading impaired.	➢ Budget review ➢ Invoices

Standard #PS 6

Standard	Indicators	Data Source
Providers shall ensure continuity and coordination of care across services.	PS 6.1 Providers shall maintain linkage agreements with other service providers throughout the community.	➢ Administrative Review ➢ Linkage Agreements

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Miami-Dade County Ryan White Title I Program

Minimum Primary Medical Care Standards
For Chart Review

Medical Care Subcommittee
Miami-Dade HIV/AIDS Partnership

Statement of Intent: All Ryan White Title I funded physicians are required by contract to adhere to the PHS Guidelines.

Requirements for Practitioners (M.D., D.O., ARNP, PA)

- Maintain current and valid MD, DO, PA or NP State of Florida license
- Strongly encouraged to complete at least 30 hours of HIV-related CME Category 1 credits within a period of two years. New physicians and mid-level practitioners, if they are working with a physician meeting the standards, are encouraged to comply within one year.
- In compliance with the latest DHHS Guidelines
- Record reviews based on the standards

Minimum Standards Against Which Practitioners Will Be Measured

Assessments and Referrals

1. Comprehensive History and Physical (including breast exam for women) done or updated in past year

2. Vital signs, including weight, at least quarterly

3. Gyn exam including Pap and pelvic, initially once every 6 months until two negative, then once annually (women only)

4. RPR/VDRL screening for Syphilis annually

5. GC and Chlamydia annually for sexually active females

6. Assess annually and document education on:

    - Oral health care
    - Nutritional assessment/care
    - Mental Health assessment/care
    - Substance abuse assessment/care
    - Domestic violence
    - Adherence to medications
    - Risk reduction (including safe sex practices)

7. PPD skin test performed and read annually

8. If PPD positive or *had active TB* were they treated or referred for treatment

Laboratory

9. CBC, CD4 and Viral Load every six months*
   **ADAP enrollment and re-enrollment requires CD4 and VL not > 4 months old.*

10. Electrolytes, BUN, Glucose, Creatinin, liver function tests, albumin, total protein, LDH, Lipid Profile

11. At initial screening, Hepatitis A baseline

12. Hepatitis B baseline serology

13. Hepatitis C baseline serology

Therapy/Interventions

14. Influenza vaccine offered annually

15. Pneumovax offered initially and at 6 years

16. Evaluate for risk of Hepatitis A and Hepatitis B and make appropriate intervention. Hepatitis A vaccine to high-risk groups, MSM, chronic Hepatitis B or C, travelers to endemic areas. Give Hepatitis B series once.

17. Documentation that tetanus/Diphtheria is up to date every 10 years.

18. HAART is considered and discussed. If offered, the risks and benefits are discussed.

19. On PCP prophylaxis per DHHS Guidelines

20. On MAC prophylaxis per DHHS Guidelines

21. On toxo prophylaxis DHHS Guidelines

22. Documentation:
    - Problem list
    - Medications list
    - Allergies list
    - Immunization list

RYAN WHITE TITLE I
FY 2005-06 TREATMENT GUIDELINES & ADDITIONAL SERVICE DELIVERY STANDARDS

OUTPATIENT MEDICAL CARE (INCLUDING MINORITY AIDS INITIATIVE SERVICES)

Guidelines: Providers will adhere to the following clinical guidelines for treatment of AIDS specific illnesses:

- Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents. U.S. Department of Health and Human Services, October 29, 2004.
- Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection. U.S. Department of Health and Human Services, Health Resources and Services Administration, and the National Institutes of Health, March 24, 2005.
- Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States, Public Health Service Task Force, Perinatal HIV Guidelines Working Group, February 24, 2005.
- A Guide to the Clinical Care with Women with HIV/AIDS, 2001 First Edition, Jean Anderson, MD, U.S. Department of Health and Human Services, Health Resources and Services Administration.
- 2001 USPHS/ISDA Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus. U.S. Public Health Service/IDSA, November 28, 2001.
- Opportunistic Infections Guidelines Among HIV-Infected Adults and Adolescents, U.S. Centers for Disease Control and Prevention, National Institutes of Health, et. al., December 17, 2004.
- Treating Opportunistic Infections Guidelines Among HIV-Exposed and Infected Children, U.S. Centers for Disease Control and Prevention, National Institutes of Health, et. al., December 3, 2004.
- In addition, providers will adhere to other generally accepted clinical practice guidelines.

OUTPATIENT MEDICAL CARE (INCLUDING MINORITY AIDS INITIATIVE SERVICES) (continued)

Standards:

- Providers will inform clients as to generally accepted clinical guidelines for HIV+ pregnant women, treatment of AIDS specific illnesses, clients infected with tuberculosis, hepatitis, or sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

- Providers will screen for TB and make necessary referrals for appropriate treatment. In addition, Providers will follow Universal Precautions for TB as recommended by the Centers for Disease Control (CDC). Providers will also screen for hepatitis, sexually transmitted diseases, and other priorities identified by the Miami-Dade HIV/AIDS Partnership's Medical Care Subcommittee.

SUBSTANCE ABUSE COUNSELING – RESIDENTIAL & OUTPATIENT

Guidelines: Providers will adhere to generally accepted clinical guidelines for substance abuse treatment of persons with HIV/AIDS. The following are examples of such guidelines:

- Published by the American Society of Addiction Medicine (ASAM), these guidelines include principles for working with HIV-positive patients in addiction treatment settings including, but not limited to, post-exposure prophylaxis (PEP) for HIV, integrating HIV-positive patients into addiction treatment programs and groups, neuro-psychiatric components of HIV/AIDS, approaching the medical evaluation in the era of HIV/AIDS, harm reduction strategies in addiction, precautions for caregivers and HIV-infected individuals, pre- and post-test counseling and miscellaneous social and legal aspects relevant to this service population (*Guidelines for HIV Infection and AIDS in Addiction Treatment,* American Society of Addiction Medicine, Chevy Chase, MD, 1998). ASAM has also developed national guidelines for the implementation of a patient placement system. The purpose of this clinical guide is to place the patient in a level of care that has the appropriate resources to treat the patient's condition [*ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC-2R)*, American Society of Addiction Medicine, Washington, DC, Second Edition-Revised (April 2001)].

SUBSTANCE ABUSE COUNSELING – RESIDENTIAL & OUTPATIENT (continued)

- Rules governing the treatment of physically drug dependent newborns, substance exposed children, and/or children adversely affected by alcohol and the families of these children that are consistent with the administrative regulations promulgated in Chapter 65 of the Florida Administrative Code by the State of Florida Department of Children and Family Services, as may be amended.

- Rules governing the provision of substance abuse treatment services consistent with the regulations promulgated by the State of Florida's Alcohol Prevention and Treatment (APT) and Drug Abuse Treatment and Prevention (DATAP) programs, as may be amended.

- Published by the American Society of Addiction Medicine (ASAM), these guidelines include principles for treatment and housing, precautions for caregivers and HIV-infected individuals, pre and post-test counseling and miscellaneous social and legal aspects relevant to this service population. ASAM has also developed national guidelines for the implementation of a patient placement system. The purpose of this clinical guide is to place the patient in a level of care that has the appropriate resources to treat the patient's condition. [*Guidelines for HIV Infection and AIDS in Addiction Treatment,* American Society of Addiction Medicine, Chevy Chase, MD, 1998; *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM PPC-2R),* American Society of Addiction Medicine, Washington, DC, Second Edition – Revised (April 2001)].

- Rules governing the provision of residential and outpatient substance abuse treatment services with regards to licensure and regulatory standards that are consistent with the administrative regulations promulgated in Chapter 65D-30 of the Florida Administrative Code by the State of Florida Department of Children and Families, as may be amended.

PSYCHOSOCIAL COUNSELING

Guidelines (Levels I through IV): Providers will adhere to generally accepted clinical guidelines for psychosocial counseling of persons with HIV/AIDS. The following are examples of such guidelines:

PSYCHOSOCIAL COUNSELING (continued)

- *American Psychiatric Association* (APA) position statements and resource documents on AIDS and HIV disease that include the following issues: HIV infection; HIV-related discrimination and confidentiality, disclosure and protection of others; HIV antibody testing; opposition of mandatory name reporting of HIV-seropositive individuals; HIV infection and pregnant women; HIV in children and adolescents; needle exchange programs; recognition and management of HIV-related neuropsychiatric findings and associated impairments; psychiatrists who are HIV infected; occupational HIV exposure protocols and protections; as well as inpatient psychiatric units and outpatient psychiatric services.

- *Practice Guideline for the Treatment of Patients with HIV/AIDS,* American Psychiatric Association, Arlington, VA, 2000.

- *Policy Guidelines and Position Statements on AIDS and HIV Disease,* American Psychiatric Association, Arlington, VA, various statements and policies dated 1986-2004).

- *American Psychological Association*'s AIDS-related resolutions focusing on the following: research on sexual behavior, sexuality education, AIDS education, legal liability to confidentiality and the prevention of HIV transmission, neuropsychological assessments and HIV infection, research on legal access to sterile injection equipment by drug users, AIDS issues affecting ethnic minorities, and other AIDS resolutions. (*AIDS-Related Resolutions, American Psychological Association*, Washington, D.C., 1986-1996).

Guidelines (Pastoral Care): Providers will adhere to generally accepted clinical guidelines for pastoral care counseling of persons with HIV/AIDS. References for these guidelines include those issued by:

- *Association for Clinical Pastoral Education*
- *National Association of Catholic Chaplains*
- *National Association of Jewish Chaplains*
- *American Institute of Islamic Studies*
- *Canadian Association for Pastoral Practice and Education*

RYAN WHITE TITLE I
FY 2005-06 TREATMENT GUIDELINES & ADDITIONAL SERVICE DELIVERY STANDARDS

HOME DELIVERED MEALS

Guidelines:

- Providers will adhere to generally accepted nutritional standards for provision of meals to persons with HIV-spectrum disease. One accepted clinical practice guideline is provided by The American Dietetic Association, *Manual of Clinical Dietetics*, that includes recommended allowances and a sample menu and daily meal plan for a high-protein, high calorie diet, commonly used for HIV infected individuals who are protein and energy malnourished. (*Manual of Clinical Dietetics*, 6th Edition, co-published by The American Dietetic Association and the Dietitians of Canada, ©2000, including the errata update of September 2002).

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Ryan White Title I
Service Delivery Policies
Fiscal Year 2005-06
(Year 15)

Section IV –
Licensing & Accreditation Requirements

Miami-Dade County
Office of Strategic Business Management

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SECTION IV.
RYAN WHITE TITLE I
FY 2005-06 LICENSING AND ACCREDITATION REQUIREMENTS

GENERAL REQUIREMENT FOR ALL RYAN WHITE TITLE I SERVICES

Provider possesses appropriate occupational licensing from Miami-Dade County and other applicable incorporated areas (i.e., City of Miami, City of Miami Beach).

ADDITIONAL REQUIREMENTS (Listed by specific service category, in order of priority):

Outpatient Medical Care (Primary & Specialty Care)
Provider is (or is not) accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Individual caregivers are licensed by the Florida Department of Business and Professional Regulation within the appropriate professional board (i.e., Physicians, Nurse Practitioners, Registered Nurses, etc.). All physicians possess a Controlled Substance Registration License (DEA Certification) for dispensing controlled substances. Individuals providing nutritional counseling are Registered Dietitians (RD). A Registered Dietitian Eligible (RDE) may provide nutritional counseling under the supervision of a Registered Dietitian.

Prescription Drugs
Provider's Title I funded pharmacists are registered pharmacists with the Florida Department of Business and Professional Regulation. In addition, Provider's pharmacists possess a Controlled Substance Registration License (DEA Certification).

Substance Abuse Counseling – Residential
Provider's residential treatment sites are licensed by the Florida Department of Health as a Residential Substance Abuse Treatment facility. If food is prepared on site, the facility will have a food service license from the Miami-Dade County Health Department. All caregivers providing direct counseling services possess *postgraduate degrees* in the appropriate counseling-related field, or are a *certified addiction professional* (CAP).

Substance Abuse Counseling – Outpatient
Provider's outpatient treatment sites are licensed by the Florida Department of Health as an Outpatient Substance Abuse Treatment facility. All counselors providing Level I substance abuse counseling services possess *postgraduate degrees* in the appropriate counseling-related field, or be a *certified addiction professional* (CAP). Non-certified counselors providing Level I or Level II substance abuse counseling services are supervised by a Certified Addiction Professional.

SECTION IV.
RYAN WHITE TITLE I
FY 2005-06 LICENSING AND ACCREDITATION REQUIREMENTS

ADDITIONAL REQUIREMENTS (continued):

Dental Care
Provider's Title I funded dentists are licensed to practice dentistry by the Florida Department of Business and Professional Regulation and possess a Controlled Substance Registration License (DEA Certification) for dispensing controlled substances.

Psychosocial Counseling
Provider's counselors providing Level I services are mental health professionals licensed by the State of Florida Department of Business and Professional Regulation (i.e., State Licensed Clinical Social Worker). All counselors providing Level II services are licensed by the State of Florida or possess postgraduate degrees in the appropriate counseling field. Provider's Pastoral Care program is licensed or accredited wherever such licensure or accreditation is either required or available. Professionals who are exempt from licensing under F.S 491.014 may also provide Level III and/or Level IV counseling services.

Home Delivered Meals
Provider's meal preparation facility is licensed by the State of Florida Department of Business and Professional Regulation - Division of Hotels and Restaurants. Provider's drivers possess a valid State of Florida driver's license.

Home Health Care
Provider is a licensed home health care agency by the Agency for Health Care Administration. Provider is (or is not) accredited by the Joint Commission on Accreditation for Health Care Organizations (JCAHCO) or the Community Health Accreditation Program (CHAP). Professional caregivers (Registered Nurses, Licensed Practical Nurses, Physical, Occupational, Speech and Respiratory Therapists) are licensed by the State of Florida Department of Business and Professional Regulation within the appropriate professional board. Home Health Aides possess at least forty (40) hours of vocational training from a curriculum approved by the state of Florida or are certified by the state as a Certified Nurse Aide (CNA).

Day Care – Standard
Provider's day care facility is licensed by the State of Florida's Department of Children and Family Services in accordance with applicable child day care standards, including a background investigation and fingerprint check of all direct caregivers.

SECTION IV.
RYAN WHITE TITLE I
FY 2005-06 LICENSING AND ACCREDITATION REQUIREMENTS

ADDITIONAL REQUIREMENTS (continued):

Day Care – Intensive
Provider's day care facility is licensed by the State of Florida's Department of Children and Family Services in accordance with applicable child day care standards, including a background investigation and fingerprint check of all direct caregivers. Medical caregivers are licensed by the Florida Department of Business and Professional Regulation within the appropriate professional board (i.e., physicians, Nurse Practitioners, Registered Nurses, etc.).

Transportation Services (Vans)
Provider's van drivers possess a valid State of Florida driver's license.

Legal Assistance
Provider's attorneys providing legal assistance to Title I clients are licensed by the Florida Bar Association. Provider's attorneys practicing in federal court are licensed by the South Florida U.S. District Court for the Southern District.

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Ryan White Title I
Service Delivery Policies
Fiscal Year 2005-06
(Year 15)

Section V –
Letters of Exemption, Nutritional Assessment, Medical Necessity and Prior Authorization

Miami-Dade County
Office of Strategic Business Management

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RYAN WHITE TITLE I NUTRITIONAL ASSESSMENT LETTER FOR FOOD BANK SERVICES

(THIS DOCUMENT IS TO BE COMPLETED BY AN INDEPENDENT PHYSICIAN OR A REGISTERED DIETITIAN NOT ASSOCIATED WITH THE TITLE I FOOD BANK PROVIDER.)

TO BE COMPLETED BY PHYSICIAN

Date: _____

As the **primary medical caretaker** for _____, who has a diagnosis of _____, it is my professional opinion that he/she requires food bank assistance.

Please specify frequency:

☐ Weekly ☐ Monthly

Please specify maximum number of additional food bank visits [the provision of this service will be limited to twelve (12) occurrences recommended within the Ryan White Title I fiscal year. One (1) occurrence is defined as all food bank services provided within one (1) calendar week, which starts with the date of the client's first visit to the food bank (first occurrence)]:

☐ One visit ☐ Two visits ☐ Three visits

This assistance will maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

Physician Signature_____ Name_____

Print MEO#_____

OR

TO BE COMPLETED BY REGISTERED DIETITIAN

Date: _____

As a **registered dietitian** who has completed an assessment of _____, who has a diagnosis of _____, it is my professional opinion that he/she requires food bank assistance.

Please specify frequency:

☐ Weekly ☐ Monthly

Please specify maximum number of additional food bank visits [the provision of this service will be limited to twelve (12) occurrences recommended within the Ryan White Title I fiscal year. One (1) occurrence is defined as all food bank services provided within one (1) calendar week, which starts with the date of the client's first visit to the food bank (first occurrence)]:

☐ One visit ☐ Two visits ☐ Three visits

This assistance will maintain the patient's health by providing a balanced, adequate diet, which the patient is currently not receiving.

RD Signature_____ Name_____

Print

RD License #_____

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

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RYAN WHITE TITLE I
LETTER OF MEDICAL NECESSITY FOR HOME DELIVERED MEALS
(PHYSICIAN CERTIFICATION)

As the primary physician for _____, CIS # _____, it is my professional opinion that he/she qualifies for home delivered meals assistance because he/she meets the conditions required for this service (as indicated below).

I hereby certify that:

1. This patient has the following diagnosis (check one):

☐ AIDS

☐ HIV+ symptomatic, with the following condition that makes home delivered meals necessary:
(please specify condition and check one of the following: _____)
_____ Temporary condition (specify time period _____)
_____ Permanent condition

AND

2. This patient meets the following Project AIDS Care (PAC) Waiver condition for home delivered meals (check as appropriate):

☐ The patient is homebound*; functionally impaired**; and no other person in the patient's household is able to prepare meals, or the person who usually prepares meals is temporarily absent or unable to manage meal preparation.

☐ A therapeutic diet is authorized for this patient that can only be implemented through home delivered meals.

AND

3. This patient requires _____ home delivered meals per day, from the date of my signature, for a period of (check one):
(# of meals)

☐ 1 MONTH ☐ 2 MONTHS ☐ 3 MONTHS

Definitions - * *Homebound: The individual is confined to his or her home for any period of time and is unable to leave the residence without assistance from another person. The homebound person must have no other means of obtaining meals.*

** *Functionally impaired: The patient has difficulty performing one or more activities of daily living such as bathing, dressing, walking, getting to the toilet, or eating. The functionally impaired person may not be capable of preparing meals.*

Sincerely,

_____ _____
Physician's Signature Date

_____ _____
Physician's Name (please print) Physician's Florida Medical License Number

_____ (_____)_____
Agency/Clinic/Practice Name Physician's Telephone Number

_____ _____
Agency/Clinic/Practice Street Address Agency/Clinic/Practice City, State, Zip

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (physician, nurse, registered dietitian, etc.).

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Rev. 3/23/05

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RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for
Antiretroviral Resistance Assays

Date:_____

As the primary medical caretaker for _____, who has a diagnosis of _____, it is my considered opinion that he/she requires genotypic resistance testing. The patient's prognosis is _____. The following criteria have been met:

1. The patient has sub-optimal suppression of the viral load following initiation of antiretroviral therapy as defined by the current medical guidelines of the Department of Health and Human Services.

2. The patient has failed multiple antiretroviral regimens as defined by the current medical guidelines of the Department of Health and Human Services.

I understand genotypic resistance testing may only be ordered under the following conditions:

1. The above criteria have been met and are fully documented in the patient's medical record;
2. The patient must have been fully adherent to his/her current antiretroviral treatment regimen;
3. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment;
4. The patient's plasma HIV RNA (viral load) at the time of testing must be at least 1000 co/ml;
5. The patient must be on antiretroviral medications at the time of testing; and
6. Maximum of two (2) tests may be ordered in any consecutive twelve month period.

Sincerely,

_____, M.D.

_____	_____
Print Physician's name	Florida Medical License # (MEO#)
_____	_____
Patient's 10 digit Medicaid # (if applicable)	Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I Professional Service Agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Rev. 3/23/05

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RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for
Appetite Stimulant

Date:_____

As the prescribing physician for _____, who has a diagnosis of _____, it is my opinion that an appetite stimulant is medically necessary for this patient (check the appropriate box):

- ☐ Dronabinol (Marinol) –maximum of 2.5mg b.i.d. dosage*
- ☐ Megestrol (Megace)
- ☐ Pancrelipase (Ultrase)

[***NOTE:** Title I funds may only be used to cover a maximum of 2.5 mg b.i.d. dosage of Dronabinol (Marinol).]

The patient's prognosis is _____.

The physician prescribing this medication **MUST** sign and date the Letter of Medical Necessity for Appetite Stimulant attesting to the following:

1. This appetite stimulant will play a vital role in maintaining the patient's degree of wellness by preventing malnutrition, pancreatic and/or digestive insufficiency. This patient has failed to gain or maintain weight with a standard dietary intake. Without this medication this patient will have to be hospitalized.

2. I have tried other dietary regimens such as high calorie high protein meals, pureed food, fortified milkshakes, etc., with my patient with no results. I believe that the appetite stimulant _____ is medically indicated in this case.

3. I understand the need for this appetite stimulant to be reassessed every month and for a Letter of Medical Necessity for Appetite Stimulant to be completed on a monthly basis.

Sincerely,

_____, M.D.
SIGNATURE

_____
PRINT NAME
(Physician)

_____
Patient's 10 digit Medicaid # (if applicable)

Patient's Height _____

Patient's Weight _____

_____
Florida Medical License # (MEO#)

_____
Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

Rev. 3/23/05

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RYAN WHITE TITLE I
DURABLE MEDICAL EQUIPMENT AND SUPPLIES
LETTER OF MEDICAL NECESSITY

(THIS DOCUMENT MUST BE ACCOMPANIED BY A DOCTOR'S PRESCRIPTION)

Date: _____

PART I - Physician's Certification

As the primary physician for _____, who has a diagnosis of *(HIV+ Symptomatic or AIDS)* _____, it is my opinion that he/she requires the following medical equipment and/or supplies due to a prognosis of _____:

Equipment _____ Quantity_____

_____

Supplies _____ Quantity _____

_____

The medical **equipment** indicated above is necessary in order to ensure the patient's well being for the time period of _____ .

The medical **supplies** indicated above are necessary in order to ensure the patient's well being for the time period of _____ .

_____ _____

Physician's Signature Date

_____ (_____)_____

Physician's Florida Medical License Number Physician's Telephone Number

_____

Agency Name

PART II - Case Manager's Certification

To be Completed by Title I Funded Case Managers

As the primary case manager for _____, CIS #:_____, Agency Assigned ID #:_____, I certify that he/she has been screened for eligibility under Title I and other funding sources. Title I (funding source of last resort) is the only program that can currently meet this client's needs for all of the equipment and/or supplies indicated above or for some of the items listed depending on the limitations defined by other benefit programs. As a Title I funded provider, I understand that this Letter of Medical Necessity, along with the attached physician's order for the above mentioned equipment and/or supplies, constitutes a certified referral for this service and confirms this client's medical and financial eligibility under the Title I program.

RYAN WHITE TITLE I
DURABLE MEDICAL EQUIPMENT AND SUPPLIES
LETTER OF MEDICAL NECESSITY
(THIS DOCUMENT MUST BE ACCOMPANIED BY A DOCTOR'S PRESCRIPTION)

PART II - Case Manager's Certification (Continued)

To be Completed by Non-Title I Funded Case Managers

As the primary case manager for _____, Agency Assigned ID #:_____, I certify that he/she has been screened for eligibility under funding sources other than Title I. Title I (funding source of last resort) is the only program that can currently meet this client's needs for all of the equipment and/or supplies indicated above or for some of the items listed depending on the limitations defined by other benefit programs. As a non-Title I funded case manager, I understand that this Letter of Medical Necessity must be accompanied by documentation of the client's medical and financial eligibility in order for the client to receive this service under the Title I program. Therefore, the required proof of eligibility is hereby attached.

_____ _____
Case Manager's Signature Date

_____ (_____)_____
Agency Name Case Manager's Telephone Number

RYAN WHITE NUTRITIONAL SUPPLEMENTS
Letter of Medical Necessity for Supplementation in ADULTS

Date: _____

As the primary medical caretaker for _____, who has a diagnosis of HIV/AIDS, it is my considered opinion that he/she requires enteric nutritional supplements.

I believe that nutritional supplements are medically indicated in this case and I have referred this patient for a professional Nutritional Assessment by a Registered Dietitian/Nutritionist.

I understand enteral nutrition must be evaluated by a Dietitian/Nutritionist every _____. *(Please indicate period of time for nutritional re-evaluation. Number of refills authorized cannot exceed this period of time.)*

Sincerely,

_____, M. D./ D.O./ ARNP/ PA-C
SIGNATURE
(Physician, Nurse Practitioner or Physician Assistant)

_____ _____
PRINT NAME Florida Medical License #
(Physician, Nurse Practitioner or Physician Assistant)

_____
PRINT NAME
(Registered Dietitian/Nutritionist)

_____ _____
SIGNATURE Dietitian/Nutritionist Florida License #
(Registered Dietitian/Nutritionist)

Nutrition Products Available Through Ryan White Title I

Physician/ Nurse Practitioner/ Physician Assistant/ Dietitian/Nutritionist, please indicate preferred product, flavor, number of servings recommended and number of refills authorized. *(Dietitian/Nutritionist, please refer to the Criteria for Dispensing Nutritional Supplements FORM for patient's nutritional assessment on back page.)*

Please document patient's: Height: _____ Weight: _____ ☐ Lbs ☐ Kgs IBW/UBW: _____ ☐ Lbs ☐ Kgs

NOTE: *1 Serving = 2 Scoops*

☐ Progain Powder - ___ No. of **SERVINGS per DAY** ☐ Vanilla ☐ Chocolate
(HIGH calorie product)
Number of Refills Authorized _____
(Number of refills authorized cannot exceed period of time for re-evaluation by nutritionist/dietitian as indicated above)

☐ IgG Pure - ___ No. of **SERVINGS per DAY** (Only natural flavor available)
(LOW calorie product)
Number of Refills Authorized _____
(Number of refills authorized cannot exceed period of time for re-evaluation by nutritionist/ dietitian as indicated above)

Please note: If the patient is on MEDICAID, please refer to the MEDICAID Medical Necessity Request Letter.
Patient's 10 digit MEDICAID Number: _____

Rev. 02/26/04

RYAN WHITE

CRITERIA FOR DISPENSING NUTRITIONAL SUPPLEMENTS

The following are potential situations where commercial nutritional supplements could be considered medically indicated.

Patient must meet at least two (2) criteria listed below.
(Consultation with a Registered Dietitian/Nutritionist for nutritional assessment and a Letter of Medical Necessity are required.)

Please check all that apply:

___ Current body weight < 10% IBW/UBW
___ Weight loss of:
- 5% of the initial/baseline weight over the past month -OR-
- 7.5% over the past 3 months -OR-
- 10% weight loss within the last 6 months

___ Body Cell Mass (BCM) < 40% (MALES) or BCM < 35% (FEMALE) of IBW
___ Body Mass Index (BMI) < 20
___ Recent illness/hospitalization that will interfere with patient's ability to consume or tolerate adequate non-supplemental nutrition
___ Diarrhea/malabsorption with > 3 large, liquid stools/day
___ Dysphagia and/or odonyphagia where commercial supplements are the only source of nutrition tolerated
___ Serum albumin < 3.5 g/dl
___ Failure to gain/maintain weight in the past when following a dietary regimen to promote weight gain
___ Inadequate living conditions or inability to buy/prepare meals
___ Inability to understand and or follow nutritional recommendations

NUTRITIONAL PLAN FOR SUPPLEMENTS

I. INITIAL Consultation: Date: _____ Weight: _____

Patient assessed/instructed by Registered Dietitian/Nutritionist: **(Please check the appropriate box)**

☐ Nutritional supplements **recommended** ☐ Nutritional supplements **NOT** recommended

II. FOLLOW-UP Visit: Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

☐ Nutritional supplements **continued** ☐ Nutritional supplements **discontinued**

III. ADDT'L FOLLOW-UP Visit: Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

☐ Nutritional supplements **continued** ☐ Nutritional supplements **discontinued**

RYAN WHITE NUTRITIONAL SUPPLEMENTS
Letter of Medical Necessity for Supplementation in CHILDREN

Date: _____

As the primary medical caretaker for _____, who has a diagnosis of HIV/AIDS, it is my considered opinion that he/she requires enteric nutritional supplements.

I believe that nutritional supplements are medically indicated in this case and I have referred this patient for a professional Nutritional Assessment by a Registered Dietitian/Nutritionist.

I understand enteral nutrition must be evaluated by a Dietitian/Nutritionist every _____. *(Please indicate period of time for nutritional re-evaluation. Number of refills authorized cannot exceed this period of time.)*

Sincerely,

_____, M. D./ D.O./ ARNP/ PA-C
SIGNATURE
(Physician, Nurse Practitioner or Physician Assistant)

_____ _____
PRINT NAME Florida Medical License #
(Physician, Nurse Practitioner or Physician Assistant)

_____
PRINT NAME
(Registered Dietitian/Nutritionist)

_____ _____
SIGNATURE Dietitian/Nutritionist Florida License #
(Registered Dietitian/Nutritionist)

Nutrition Products Available Through Ryan White Title I

Physician/ Nurse Practitioner/ Physician Assistant/ Dietitian/ Nutritionist, please indicate preferred product, flavor, number of servings recommended and number of refills authorized. *(Dietitian/Nutritionist, please refer to the Criteria for Dispensing Nutritional Supplements FORM for patient's nutritional assessment on back page.)*

Please document patient's: Height: _____ Weight: _____ ☐ Lbs ☐ Kgs IBW/UBW: _____ ☐ Lbs ☐ Kgs

NOTE: *1 Serving = 1 Can (8 fluid ounces)*

Boost Liquid is restricted to Children 18 years and under

Boost Liquid- _____ No. of **SERVINGS per DAY**
Number of Refills Authorized _____
(Number of refills authorized cannot exceed period of time for re-evaluation by nutritionist/ dietitian as indicated above.)

Please indicate FLAVOR preference: ☐ Vanilla ☐ Chocolate ☐ Strawberry

Resource Just for Kids is restricted to Children 1 - 10 years of age

Resource Just for Kids- _____ No. of **SERVINGS per DAY**
Number of Refills Authorized _____

Please note: If the patient is on MEDICAID, please refer to the MEDICAID Medical Necessity Request Letter.
Patient's 10 digit MEDICAID Number: _____

RYAN WHITE

CRITERIA FOR DISPENSING NUTRITIONAL SUPPLEMENTS

The following are potential situations where commercial nutritional supplements could be considered medically indicated.

Patient must meet at least two (2) criteria listed below.
(Consultation with a Registered Dietitian/Nutritionist for nutritional assessment and a Letter of Medical Necessity are required.)

Please check all that apply:

___ Current body weight < 10% IBW/UBW
___ Weight loss of:
- 5% of the initial/baseline weight over the past month -OR-
- 7.5% over the past 3 months -OR-
- 10% weight loss within the last 6 months

___ Body Cell Mass (BCM) < 40% (MALES) or BCM < 35% (FEMALE) of IBW
___ Body Mass Index (BMI) < 20
___ Recent illness/hospitalization that will interfere with patient's ability to consume or tolerate adequate non-supplemental nutrition
___ Diarrhea/malabsorption with > 3 large, liquid stools/day
___ Dysphagia and/or odonyphagia where commercial supplements are the only source of nutrition tolerated
___ Serum albumin < 3.5 g/dl
___ Failure to gain/maintain weight in the past when following a dietary regimen to promote weight gain
___ Inadequate living conditions or inability to buy/prepare meals
___ Inability to understand and or follow nutritional recommendations

NUTRITIONAL PLAN FOR SUPPLEMENTS

I. INITIAL Consultation: Date: _____ Weight: _____

Patient assessed/instructed by Registered Dietitian/Nutritionist: **(Please check the appropriate box)**

☐ Nutritional supplements **recommended** ☐ Nutritional supplements **NOT** recommended

II. FOLLOW-UP Visit: Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

☐ Nutritional supplements **continued** ☐ Nutritional supplements **discontinued**

III. ADDT'L FOLLOW-UP Visit: Date: _____ Weight: _____

Patient re-assessed for progress: **(Please check the appropriate box)**

☐ Nutritional supplements **continued** ☐ Nutritional supplements **discontinued**

RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for Olanzapine (Zyprexa)

SECTION I: **This section is to be completed by a prescribing healthcare provider for *INITIAL* Olanzapine (ZYPREXA) prescriptions NOT EXCEEDING 20mg PER DAY.**

Date: _____

As the PRESCRIBING HEALTHCARE PROVIDER for _____, who has a diagnosis of _____, it is my opinion that Olanzapine (Zyprexa) is medically necessary for this patient at a dose of _____.

I understand that a letter of medical necessity is required only for the **initial** prescription for Olanzapine (Zyprexa) **NOT** exceeding 20mg per day.

SECTION II: **This section is to be completed by a prescribing healthcare provider for *ALL* Olanzapine (ZYPREXA) prescriptions *EXCEEDING 20mg PER DAY***

Date: _____

As the PRESCRIBING HEALTHCARE PROVIDER for _____, who has a diagnosis of _____, it is my opinion that an Olanzapine (Zyprexa) dosage **exceeding** 20mg per day is medically necessary for this patient.

In addition, I am providing the following information as required by Ryan White Title I:

- Reason for Olanzapine (Zyprexa) dose > 20mg/day _____
- **Previous** Olanzapine (Zyprexa) dosage _____
- Duration of **previous** Olanzapine (Zyprexa) treatment _____

I understand that a letter of medical necessity is required for every new prescription of Olanzapine (Zyprexa) exceeding 20mg per day.

_____ _____
Signature Print Name

_____ _____
Florida medical license # (MEO#) Patient's 10 digit Medicaid # (if applicable)

_____
Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee (Physician, Nurse, Dietician, Nutritionist, etc.).

Pursuant to Article VI, Section 6.4 (H) of the Ryan White Title I service agreement, Miami-Dade County has the right to access all client files (including electronic files), service utilization data, and medical records during on-site verification or audit by County personnel and/or authorized individuals to confirm the accuracy of all information reported by the service provider.

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RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for Pantoprazole
(Must be completed by a Gastroenterologist)

Date:_____

I, a Board-Certified gastroenterologist, hereby certify that _____, is a patient under my care who requires Protonix 40 mg for the treatment of Erosive Esophagitis, or Barrett's Esoghaus, or a hypersecretory condition. I certify that a proton pump inhibitor is medically necessary.

Sincerely,

_____, M.D. (DO)

_____ _____
Print Physician's name Florida Medical License # (MEO#)

_____ _____
Patient's 10 digit Medicaid # (if applicable) Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

This letter **must** be completed each time a new Protonix prescription is written to treat any of the conditions indicated above. It is not required for refills.

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Rev. 3/23/05

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RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for Sporanox

Date:_____

As the primary medical caretaker for _____, who has a diagnosis of _____, it is my considered opinion that he/she requires a prescription to take Sporanox in capsule formulation. The patient's prognosis is _____. The following criteria have been met:

1. The medication will be utilized to treat one of the following two conditions (please check one box):

☐	Histoplasmosis
☐	Aspergillosis

I understand Sporanox may only be prescribed under the following conditions:

1. The above criteria have been met and are fully documented in the patient's medical record
2. The patient has been diagnosed with either histoplasmosis or aspergillosis.

Sincerely,

_____, M.D.

_____ _____
Print M.D.'s name Florida medical license # (MEO#)

_____ _____
Patient's 10 digit Medicaid # (if applicable) Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

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Rev. 3/23/05

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RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity to Accompany Initial Prescription for
Testosterone Gel (Androgel® 1%)
(MUST ACCOMPANY INITIAL REFERRAL TO THE PHARMACY ALONG WITH A PRESCRIPTION)

Date: _____

As the prescribing physician for _____, who has a diagnosis of low serum testosterone level*, it is my opinion that testosterone replacement with testosterone gel (Androgel® 1%) is medically necessary for this patient. The following criteria have been met and required information submitted.

The medication will be utilized to treat low serum testosterone level* **if** the following are met:

1. The patient has a documented history of prior intramuscular (IM) long acting testosterone use for _____ (amount of time).

2. There is an existing contraindication to the injectable formulation whereby the patient has a history of a medical condition in which the use of the different intramuscular injection sites is contraindicated (i.e., infection/abscess at all injection sites). **Please specify the reason for the contraindication** (check the appropriate box):

   ☐ Hemophilia
   ☐ Anticoagulation – patient is on Coumadin
   ☐ Infection/small abscess at injection site until infection resolves
   ☐ Thrombocytopenia

   Please provide the following ***PATIENT INFORMATION***:

DATE parameter measured:	**PARAMETERS**			
	Height:			
	Weight:	Lbs	or	Kg
	Serum Testosterone Level:			

* A testosterone level below normal as measured by the reference lab. Please submit with the **initial** referral and prescription a copy of the dated lab report with testosterone level results.

Sincerely,

_____, M.D.
SIGNATURE

_____ _____
PRINT NAME (Physician) | Florida Medical License # (MEO#)

_____ _____
Patient's 10 digit Medicaid # (if applicable) | Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

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RYAN WHITE TITLE I PROGRAM
Letter of Medical Necessity for Valacyclovir (NEW PRESCRIPTIONS)

Date:_____

As the primary medical caretaker for _____, who has a diagnosis of _____, it is my considered opinion that (check **one** of the following)

☐ Valacyclovir 500mg

☐ Valacyclovir 1000mg

is medically necessary for this patient. The following criteria has been identified and documented in the patient's chart (the physician must initial next to the box corresponding to the medical condition that applies to this patient):

☐ This Patient requires Valacyclovir daily suppressive therapy (usual dose is 500mg twice daily) for recurrent Herpes Simplex episodes occurring while receiving standard doses of daily suppressive Acyclovir therapy (usual doses are between 400mg and 800mg twice to three times daily).

☐ This patient has acute Herpes Zoster, and requires Valacyclovir 1000mg three (3) times daily. A ten (10)-day supply, refillable once only, may be provided per episode.

OR

Note: To qualify for daily suppressive Valacyclovir therapy, a patient must have had more than one Herpes recurrence while receiving daily Acyclovir suppressive therapy. This must be documented by attaching a photocopy of a recent Acyclovir prescription to this Letter of Medical Necessity when submitted with the first prescription for Valacyclovir tablets. This is not a requirement for subsequent refills.

I understand Valacyclovir may only be prescribed when one of the criteria specified above has been met and is fully documented in the patient's medical record.

Sincerely,

_____, M.D.

_____ _____
Print M.D.'s Name Florida Medical License # (MEO#)

_____ _____
Patient's 10 Digit Medicaid # (if applicable) Patient's CIS #
(ID number assigned by the Ryan White Title I Service Delivery Information System)

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RYAN WHITE TITLE I PROGRAM
LETTER OF MEDICAL NECESSITY FOR
ANTIRETROVIRAL HIV GENOTYPE RESISTANCE ASSAYS: TREATMENT INTENT STUDY

Date:_____

A MAXIMUM OF TWO (2) ANTIRETROVIRAL RESISTANCE TESTS MAY BE ORDERED IN ANY CONSECUTIVE TWELVE (12) MONTH PERIOD TO INCLUDE NO MORE THAN ONE (1) HIV PHENOTYPE IN ANY CONSECUTIVE TWELVE (12) MONTH PERIOD. IF THE PATIENT IS ELIGIBLE FOR HIV GENOTYPE TESTING UNDER ADAP, THE PATIENT IS NOT ELIGIBLE TO RECEIVE THIS SERVICE UNDER RYAN WHITE TITLE I.

As the primary medical caretaker for _____it is my considered opinion that he/she requires HIV genotypic resistance testing. The patient is not currently receiving antiretroviral medications and one of the following criteria has been met:

1. ___The patient is antiretroviral-naïve, and therapy is being initiated for acute HIV infection. It is likely that resistance testing at baseline will optimize virological response.

2. ___The patient is antiretroviral-naïve, and therapy is being initiated for chronic HIV infection present not more than 2 years. Resistance testing at baseline is recommended since some resistance-associated mutations are known to persist in the absence of drug pressure.

3. ___The patient is antiretroviral-naïve, and there is a significant probability that he/she was infected with antiretroviral-resistant virus due to a specific history of apparent unprotected sexual exposure to an antiretroviral-experienced partner.

4. ___Antiretroviral therapy (ART) is being initiated in a new patient, not previously known, who is not currently receiving antiretroviral therapy, but who gives a history of past antiretroviral exposure from another caregiver or institution.

I understand HIV genotypic resistance testing may only be ordered under the following conditions:

1. The applicable criterion above has been fully documented in the patient's medical record;
2. ART therapy and adherence have been discussed with the patient as part of his/her medical treatment;
3. The patient has acknowledged an understanding of treatment goals and expressed his/her intent to adhere to ART therapy;
4. The patient's plasma HIV RNA (viral load) at the time of testing must be at least 1000 co/ml.

Test ordered: ____Genotype ____Genotype with Data Base Match (Virtual Phenotype)

Sincerely,

_____, M.D.

_____ _____
Print Physician's name Florida Medical License # (MEO#)

_____ _____
Patient's 10 digit Medicaid # (if applicable) Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

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RYAN WHITE TITLE I PROGRAM
LETTER OF MEDICAL NECESSITY FOR
ANTIRETROVIRAL HIV GENOTYPE RESISTANCE ASSAYS: ANTIRETROVIRAL FAILURE

Date:_____

A MAXIMUM OF TWO (2) ANTIRETROVIRAL RESISTANCE TESTS MAY BE ORDERED IN ANY TWELVE (12) MONTH CONSECUTIVE PERIOD TO INCLUDE NO MORE THAN ONE (1) HIV PHENOTYPE IN ANY CONSECUTIVE TWELVE (12) MONTH PERIOD. IF THE PATIENT IS ELIGIBLE FOR HIV GENOTYPE TESTING UNDER ADAP, THE PATIENT IS NOT ELIGIBLE TO RECEIVE THIS TEST UNDER RYAN WHITE TITLE I.

As the primary medical caretaker for _____it is my considered opinion that he/she requires HIV genotypic resistance testing. The following criterion has been met:

1. ___The patient has sub-optimal suppression of the viral load following initiation of antiretroviral therapy (ART) as defined by the current medical guidelines of the Department of Health and Human Services;
   OR
2. ___The patient has experienced virologic failure during combination ART as defined by the current medical guidelines of the Department of Health and Human Services.

I understand HIV genotypic resistance testing for antiretroviral failure may only be ordered under the following conditions:

1. The applicable criterion above has been fully documented in the patient's medical record;
2. It appears the patient has been fully adherent to his/her current antiretroviral treatment regimen;
3. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment;
4. The patient's two most recent plasma HIV RNA (viral loads) must be at least 1000 copies/ml at the time of testing. At least one reading must be less than 3 months old;
5. The patient must be on antiretroviral medications at the time of testing or off medications no more than 2 weeks prior to testing.

Test Ordered: ___Genotype ___Genotype with Data Base Match (Virtual Phenotype)

Sincerely,

_____, M.D.

_____ _____
Print Physician's name Florida Medical License # (MEO#)

_____ _____
Patient's 10 digit Medicaid # (if applicable) Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

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Rev. 02/14/05

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RYAN WHITE TITLE I PROGRAM
LETTER OF MEDICAL NECESSITY FOR
ANTIRETROVIRAL PHENOTYPE RESISTANCE ASSAYS FOR EXPERIENCED PATIENTS
COVERAGE IS LIMITED TO A MAXIMUM OF ONE PHENOTYPE IN ANY CONSECUTIVE TWELVE MONTH PERIOD.

Date:_____

As the primary medical caretaker for _____it is my considered opinion that he/she requires HIV phenotypic resistance testing. The following criteria have been met:

1. The patient at any time in the past has failed two (2) or more antiretroviral (ARV) regimens;

2. Results of at least one, preferably more, prior genotype(s) must be available in the chart and Resistance to two or more drugs per class in at least two classes of ARVs is present on prior genotype(s);

AND ONE OF THE FOLLOWING (check-off the appropriate condition below):

___Prior genotype(s) show(s) resistance to at least 2 PIs other than ritonavir and use of a PI is being considered;

OR

___Lopinavir/ritonavir is being considered in a PI-experienced patient with four or more mutations associated with resistance to lopinavir/ritonavir on a prior genotype;

OR

___Four or more mutations at codons associated with PI cross-resistance are present;

OR

___M184V mutation is present in the presence of 3 or more NRTI-associated mutations (NAMs);

OR

___K65R mutation is present, or other mutations associated with NRTI cross-resistance (69 insertion complex or 151 complex);

OR

___ Rescue ARV regimens guided by results of two or more prior genotypes have failed to suppress viral replication, whether mutations present or not, and the patient has been determined to be adherent on re-evaluation. (Requires a minimum of two prior genotypes.)

I understand HIV phenotypic resistance testing for experienced patients may only be ordered under the following conditions:

1. The above criteria have been met and are fully documented in the patient's medical record;
2. Adherence has been discussed with the patient on an on-going basis as part of his/her medical treatment, and it has been determined that the patient is fully adherent with his/her current ART regimen;
3. The patient's plasma HIV RNA (viral load) at the time of testing must be at least 1000 co/ml within the past month (attach copy to letter of medical necessity);
4. The patient must be on antiretroviral medications at the time of testing.

Sincerely,

_____, M.D.

_____ _____
Print Physician's name Florida Medical License # (MEO#)

_____ _____
Patient's 10 digit Medicaid # (if applicable) Patient's CIS # (assigned by the Ryan White Title I Service Delivery Information System)

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

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Rev. 02/14/05

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RYAN WHITE TITLE I PROGRAM
Prior Authorization Form for Procrit® (Epoetin)

Recipient's Full Name:_____ Date of Birth: _____ /_____ /_____
Prescriber Full Name:_____ Prescriber License #: (ME,OS,RN)_____
Prescriber Telephone #:_____ Prescriber Fax #:_____
Drug Strength: _____

Please check below the diagnosis or indication for this product:

- □ Anemia associated with HIV
- □ Anemia associated with renal failure if patient is not on dialysis
- □ Anemia associated with chemotherapy
- □ Other _____

Select one of the following:

New Therapy □ **OR** Continuation of Therapy □

Does the patient have active gastrointestinal bleeding? □ YES **OR** □ NO

Lab Test Date:_____ Hematocrit:_____% Hemoglobin:_____g/dl

Indicate dosage and frequency of dosing: _____

Prescriber's Signature: _____

Please attach a copy of the original prescription and lab results dated within the last two (2) months.

Mail or Fax information to: Mercy Professional Pharmacy
3661 South Miami Avenue, Suite 110
Miami, FL 33133
Telephone #: (305) 285-2762 (for information only)
Fax #: (305) 285-5019 **OR** (305) 285-2606

FOR RYAN WHITE TITLE I USE ONLY

Date: _____ **Notified:** _____

Approved: _____ **Start Date:** _____ **Expiration Date:** _____

Denied: _____ **Reason:** _____

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

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Rev. 3/23/05

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RYAN WHITE TITLE I PROGRAM
Prior Authorization Form for Neupogen® (Filgrastim)

Recipient's Full Name:_____ Date of Birth: _____ /_____ /_____
Prescriber Full Name:_____ Prescriber License #: (ME,OS,RN)_____
Prescriber Telephone #:_____ Prescriber Fax #:_____
Drug Strength: _____

Please check below the diagnosis or indication for this product:

□ Severe neutropenia in AIDS patients on antiretroviral therapy
Severe Chronic Neutropenia: □ congenital □ cyclic □ idiopathic
□ Cancer patients with HIV/AIDS receiving myelosuppressive chemotherapy

Select one of the following:

New Therapy □ **OR** Continuation of Therapy □

Lab Test Date: _____ Absolute Neutrophil Count: _____ cells/mm3

What is the date range of therapy? Begin Date: _____ End Date: _____

Indicate dosage and frequency of dosing: _____

Prescriber's Signature: _____

Please attach a copy of the original prescription and lab results dated within the last three (3) months.

Mail or Fax information to: Mercy Professional Pharmacy
3661 South Miami Avenue, Suite 110
Miami, FL 33133
Telephone #: (305) 285-2762 (for information only)
Fax #: (305) 285-5019 **OR** (305) 285-2606

FOR RYAN WHITE TITLE I USE ONLY

Date: _____ **Notified:** _____

Approved: _____ **Start Date:** _____ **Expiration Date:** _____

Denied: _____ **Reason:** _____

Please note: All questions should be addressed to Mr. Daniel T. Wall, Assistant Director, Office of Strategic Business Management, at (305) 375-4742. Requests for information/clarification of a clinical nature will be forwarded by Miami-Dade County to the Miami-Dade HIV/AIDS Partnership Medical Care Subcommittee and/or a qualified member of the Subcommittee.

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